

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H45586

1. Entity Name
WHEELCHAIR SALES AND SERVICE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90378 029 ***150.00

Principal Place of Business

Mailing Address

4367 W. SUNRISE BLVD.
PLANTATION FL 33313

4367 W. SUNRISE BLVD.
PLANTATION FL 33313

2. Principal Place of Business

8469 W. Oakland Park Blvd
Suite, Apt. #, etc.

3. Mailing Address

8469 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SUNRISE FL

City & State
SUNRISE

4. FEI Number 59-2539190

Applied For
Not Applicable

Zip
33351

Country
U.S.A.

Zip
33351

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTHMAN, RONA
4367 W. SUNRISE BLVD.
PLANTATION FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

8469 W. OAKLAND PARK BLVD.

City SUNRISE FL Zip Code 33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Rona Rothman, president 4/16/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ROTHMAN, RONA
STREET ADDRESS 4367 W. SUNRISE BLVD.
CITY-ST-ZIP PLANTATION FL

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)