

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64033

1. Entity Name
KUZ-MEDICS, INC.

Principal Place of Business
2400 NORTH FLORIDA MANGO RD
WEST PALM BEACH FL 33409
US

Mailing Address
2400 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409
US

2. Principal Place of Business
4201 WESTGATE AVE.

3. Mailing Address
Same

Suite, Apt. #, etc.
A-4

Suite, Apt. #, etc.

City & State
West Palm Beach

City & State

Zip
33409

Country
US

Zip

Country

4. FEI Number 59-2554859

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOURNE, JR., ROBERT E.
521 LAKE AVENUE
SUITE 3
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

TITLE PD
NAME KUZMICK, KENNETH M.
STREET ADDRESS 2596 OLD MILITARY TR.
CITY-ST-ZIP W. PALM BCH FL ☐ Delete

TITLE D
NAME MOORE, CHARLES L.
STREET ADDRESS 3420 FOREST HILL BLVD.
CITY-ST-ZIP W. PALM BCH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Kenneth M. Kuzmick KENNETH M. KUZMICK 4 Jan 01 561-684-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90089 019 ***150.00

601832



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)