

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90012 003 ***150.00

DOCUMENT # J48083

1. Entity Name

MED QUICK, INC.

Principal Place of Business

Mailing Address

6120 US 27 NORTH
SEBRING FL 33870
US

2713 PAR ROAD
SEBRING FL 33872-1232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2853642

Applied For

Not Applicable

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

LOSA, COLLEEN DUNCAN
2713 PAR ROAD-
SEBRING FL 33872

Name

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

685 Lake Lotela Dr

City

Avon Park

FL

Zip Code

33825

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
LOSA, COLLEEN DUNCAN
2713 PAR ROAD
SEBRING FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
685 Lake Lotela Dr
Avon Park FL 33825

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DUNCAN, CAROLINE
1707 DIVOT LANE
SEBRING FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TH DUN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Robert E Duncan-
1707 Divot Lane
Sebring FL 33872

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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:

Colleen Duncan Losa

4-17-00

Date

863 471 1083

Daytime Phone #