

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J87009

1. Entity Name

MEDICAL RESEARCH PROPERTIES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90089 008 ***158.75

Principal Place of Business

Mailing Address

4620 N HABANA AVE
TAMPA FL 33614
US

3730 - 70TH AVE. N
PINELLAS PARK FL 33781-4605
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2472339

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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, 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	VPS	<input type="checkbox"/> Delete
NAME	T.C. STANMORE	
STREET ADDRESS	9095 BAYWOOD PARK DRIVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	T.C. STANMORE	
STREET ADDRESS	9095 BAYWOOD PARK DRIVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MAY, MICHAEL	
STREET ADDRESS	3730 70TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

T.C. Stanmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.C. STANMORE

2/18/2000 727 525-2066

Date

Daytime Phone #

CR2E034 (9/99)