

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91598

1. Entity Name

MEDICAL DISPOSAL SYSTEMS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90013 044 ***150.00

0463811

Principal Place of Business

PO BOX 607905
P. O. BOX 677083
ORLANDO FL 32867

Mailing Address

PO BOX 607905
P. O. BOX 677083
ORLANDO FL 32867

2. Principal Place of Business

540 Douglas Avenue

3. Mailing Address

P.O. Box 161417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number **59-2957618**

Applied For

Not Applicable

Zip

32714

Country

U.S.A.

Zip

32716-1417

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

**MONNETT, JERRY D.
8815 TREVARTHON RD.
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name

Gregory P. Gerjel

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

540 Douglas Avenue

City

Altamonte Springs

FL

Zip Code **32714**

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]

Gregory P. Gerjel

March 7, 2001

(Signature typed or printed name of registered agent and the date)

(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 **D** ☐ Delete
NAME **MONNETT, JERRY D**
STREET ADDRESS **8815 TREVARTHON RD.**
CITY-ST-ZIP **ORLANDO FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Eugene Calabrese**
STREET ADDRESS **540 Douglas Avenue**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Eugene Calabrese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Calabrese, President March 7, 2001 407 862-5399

Date

Daytime Phone #

CR2E034 (10/00)