

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90052 009 ***150.00

0119544

DOCUMENT # L45666

1. Entity Name

WITT BIOMEDICAL CORPORATION

Principal Place of Business

**295 NORTH DR
 STE H
 MELBOURNE FL 32934**

Mailing Address

**295 NORTH DR
 STE H
 MELBOURNE FL 32934**

2. Principal Place of Business

305 NORTH DRIVE

3. Mailing Address

305 NORTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip 32934

Country **BREVARD**

Zip 32934

Country **BREVARD**

4. FEI Number

59-3105799

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HEALY, PATRICK F.
 700 S. BABCOCK ST. SUITE 400
 MELBOURNE FL 32902**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PC WITT, TERENCE R 2900 RIVERSIDE DRIVE INDIALANTIC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM DICKENS, VIRGINIA A 2900 RIVERSIDE DRIVE INDIALANTIC FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WITT, DONNA J 2555 WRIGHT AVENUE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WITT, TERENCE R. 2900 RIVERSIDE DRIVE INDIALANTIC, FLORIDA 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, MICHAEL R. 4285 WINDOVER WAY MELBOURNE, FLORIDA 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WITT, DONNA J. 2555 WRIGHT AVENUE MELBOURNE, FLORIDA 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASTA, JEANNE M. 752 CARRIAGE HILL ROAD MELBOURNE, FLORIDA 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

321/253-5693

Date

Daytime Phone #

CR2E034 (9/01)