

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86108

1. Entity Name

EPS MEDICAL, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90039 017 \*\*\*150.00

Principal Place of Business C/O ERIC P. SUKOVICH P O BOX 7287 SEMINOLE FL 33775	Mailing Address C/O ERIC P. SUKOVICH P O BOX 7287 SEMINOLE FL 33775-7287 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6077 113th St N Suite, Apt. #, etc. #602 City & State SEMINOLE, FL Zip 33772 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2904024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SUKOVICH, ERIC P.  
11247 115TH ST. NORTH  
SEMINOLE FL 34648

7. Name and Address of New Registered Agent  
Name  
Sukovich, ERIC P.  
Street Address (P.O. Box Number is Not Acceptable)  
6077 113th St N #602  
City  
SEMINOLE FL Zip Code  
33772

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.  
SIGNATURE ERIC P. Sukovich, President DATE 2-14-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUKOVICH, ERIC P. 6077 113TH ST N #602 SEMINOLE FL 33772 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: ERIC P. Sukovich, President DATE 2-14-00 DAYTIME PHONE # 727-391-1387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)