

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90223 031 ****70.00

DOCUMENT # N98000002534

1. Entity Name

MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA, INCORPORATED



Principal Place of Business

**209 S. NASSAU STREET, SUITE 101
VENICE FL 34285**

Mailing Address

**209 S. NASSAU STREET, SUITE 101
VENICE FL 34285**

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 **65-0854519**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT L
209 S. NASSAU STREET, SUITE 101
VENICE FL 34285**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PATE, CHARLES M**
STREET ADDRESS **628 GARDENIA DRIVE**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **President + Director** ☒ Change ☐ Addition
NAME **Pate, Charles M**
STREET ADDRESS **900 Tamiami Trail, S. Apt 116**
CITY-ST-ZIP **Venice, FL 34285-3623**

TITLE **D** ☐ Delete
NAME **HAUCK, RICHARD**
STREET ADDRESS **242 HIDDEN BAY DR #304**
CITY-ST-ZIP **OSPREY FL 34229**

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

TITLE **D** ☐ Delete
NAME **CHAVETTE, GEORGE**
STREET ADDRESS **247 ESTRADA RD**
CITY-ST-ZIP **NORTH PORT FL 34287**

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

TITLE **D** ☐ Delete
NAME **PARK, JAMES**
STREET ADDRESS **308 PARKDALE DRIVE**
CITY-ST-ZIP **VENICE FL 34285**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, ROBERT L**
STREET ADDRESS **1250 WATERSIDE LANE**
CITY-ST-ZIP **VENICE FL 34292**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Pate President
SIGNATURE REQUIRED

Feb 19, 2003 941-486-5015

CR2E037 (10/02)