

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90411 043 ****70.00

DOCUMENT # N98000007382

1. Entity Name

CARDIOSTART INTERNATIONAL, INCORPORATED



Principal Place of Business

**512 WHITE OAK AVE
BRANDON FL 33510**

Mailing Address

**512 WHITE OAK AVE
BRANDON FL 33510**

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 **59-3679703**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MULHERN, CHARLES H.A.
512 WHITE OAK AVE
BRANDON FL 33510**

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

TITLE NAME **PTC MARATH, AUBYN** ☒ Delete
STREET ADDRESS **4008 SAN NICOLAS**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE NAME **KITKS, LINDA** ☒ Delete
STREET ADDRESS **1005 BELL SHOALS LANE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE NAME **KITKO, LINDA** ☐ Delete
STREET ADDRESS **1005 BELL SHOALS LANE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **PTD Marath, Aubyn** ☒ Change ☐ Addition
STREET ADDRESS **512 White Oak Ave.**
CITY-ST-ZIP **Brandon, FL 33510**

TITLE NAME **D.C.H.A. Mulhern** ☒ Change ☐ Addition
STREET ADDRESS **512 White Oak Ave.**
CITY-ST-ZIP **Brandon, FL 33510**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 Mulhern**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2003 813-689-3289

CR2E037 (10/02)