

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005508

1. Entity Name

Med-Tech Labs, Inc.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90075 034 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1375 S. Fort Harrison Avenue

3. Mailing Address

112 Homeport Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FLCity & State
Palm Harbor, FL

4. FEI Number

59-3616035

Applied For

Not Applicable

Zip
33756Country
USAZip
34683Country
USA**\$8.75** Additional5. Certificate of Status Desired ☐ Fee Required

6. Name and Address of Current Resident Agent

7. Name and Address of New Registered Agent

Edwin B. Salmon, Jr.
112 Homeport Drive
Palm Harbor, FL 34683

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

May Be

Trust Fund Contribution

☐

Added to Fees

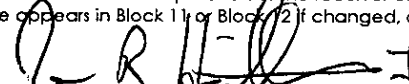
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ DeleteNAME
James R. Hamilton
STREET ADDRESS
13317 Golf Crest Circle
CITY-ST-ZIP
Tampa, FL 33624TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D/S/T** ☐ DeleteNAME
Edwin B. Salmon, Jr.
STREET ADDRESS
112 Homeport Drive
CITY-ST-ZIP
Palm Harbor, FL 34683TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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)(l), 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:

 James R. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 461-3200

Daytime Phone #