

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90030 026 ***150.00

DOCUMENT # P00000006559

1. Entity Name
TAMPA BAY MEDICAL SUPPLIES, INC.



Principal Place of Business
**11159 W COLONIAL DR
OCOE FL 34761**

Mailing Address
**11159 W COLONIAL DR
OCOE FL 34761**

2. Principal Place of Business

11049 W. Colonial DR

Suite, Apt. #, etc.

3. Mailing Address

11049 W. Colonial DR.

Suite, Apt. #, etc.

City & State

OCOE Florida

City & State

OCOE, FL

4. FEI Number

59-3674565

☒ Applied For
☐ Not Applicable

Zip

34761

Country

America

Zip

34761

Country

AMERICA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, ALEX
13503 LAKE CAWOOD DR
WINDERMERE FL 34781**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **ROBINSON, ALEX**
STREET ADDRESS **13503 LAKE CAWOOD DR**
CITY-ST-ZIP **WINDERMERE FL 34781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 607, 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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)