

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**  
 04-17-2002 90096 002 \*\*\*150.00

02AR322 AV

**DOCUMENT # P00000014910**

**1. Entity Name**  
**RELIANT MEDICAL SUPPLIES, INC.**

**Principal Place of Business**  
**2670 N UNIVERSITY DR #206**  
**SUNRISE FL 33322**

**Mailing Address**  
**PO BOX 451641**  
**SUNRISE FL 33345**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3047 NW 26th ST**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Lauderdale Lakes FL**  
**Zip** **33311** **Country** **USA**

**City & State**

**4. FEI Number** **65-0982966**

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARTER, JUDITH**  
**2670 N UNIVERSITY DR #206**  
**SUNRISE FL 33322**

**7. Name and Address of New Registered Agent**

**Name** **JUDITH CARTER**  
**Street Address (P.O. Box Number is Not Acceptable)** **3047 NW 26th ST**  
**City** **Lauderdale Lakes FL** **Zip Code** **33311**

**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)

**4/9/02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DOAS</b> <b>CARTER, JUDITH A</b> <b>2670 N UNIVERSITY DR #206</b> <b>SUNRISE FL 33322</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DOAS</b> <b>CARTER, JUDITH A</b> <b>3047 NW 26th ST</b> <b>Lauderdale Lakes FL 33311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *Judith Carter* **Judith Carter** **4/9/02** **954 486-4403**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)