

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91158 047 ***150.00

DOCUMENT # P00000021930

1. Entity Name
SUN MICRO MEDICAL TECHNOLOGIES CORP.

Principal Place of Business

**267 HARBOR BOULEVARD
PT. CHARLOTTE FL 33954**

Mailing Address

**267 HARBOR BOULEVARD
PT. CHARLOTTE FL 33954**

2. Principal Place of Business

267 HARBOR BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FLA

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

33954

CHARLOTTE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOLE, MARK H

267 HARBOR BOULEVARD

PT. CHARLOTTE FL 33954

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.

SIGNATURE

Mark H Koe

CEO

4/27/02

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRES**
STREET ADDRESS **MARK, KOLE H**
CITY-ST-ZIP **267 HARBOR BLVD**
PORT CHARLOTTE FL 33954

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

TITLE ☐ Delete
NAME **V.P**
STREET ADDRESS **KOLE, DIANE L**
CITY-ST-ZIP **267 HARBOR BLVD**
PORT CHARLOTTE FL 33954

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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)(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:

Mark H Koe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

941-766-9644

Daytime Phone #

CR2E034 (9/01)