

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000049506**1. Entity Name  
CYTO-MED, INC.

## Principal Place of Business

5038 47TH ST. WEST

BRADENTON  
34210

FL

## Mailing Address

5038 47TH ST. WEST

BRADENTON  
34210

FL

2. Principal Place of Business  
4112 20TH STREET WEST3. Mailing Address  
4112 20TH STREET WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BRADENTON

FL

City & State  
BRADENTON

FL

Zip  
34205

Country

Zip  
34205

Country

4. FEI Number  
**65-1017324**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

JUDY WILLIAM VDR.  
5038 47TH ST. WESTBRADENTON FL  
34210

## 7. Name and Address of New Registered Agent

Name  
STOGSDILL WILLIS WDR.Street Address (P.O. Box Number is Not Acceptable)  
4112 20TH STREET WESTCity  
BRADENTON FL Zip Code  
34205

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 **WILLIS W. STOGSDILL**

05/21/2001

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  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	MRS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JUDY JANET SVP		
STREET ADDRESS	4112 20TH STREET WEST		
CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	DR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STOGSDILL WILLIS WPRES		
STREET ADDRESS	4112 20TH STREET WEST		
CITY-ST-ZIP	BRDENTON FL 34205		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Willis W. Stogsdill**

Pres

05/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)