

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01/27/00 AT


FILED

03 AUG 18 AM 8:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000049508	
1. Entity Name DORMKIT, INC.	

Principal Place of Business P.O. BOX 915767 LONGWOOD FL 32791-5767	Mailing Address P.O. BOX 915767 LONGWOOD FL 32791-5767
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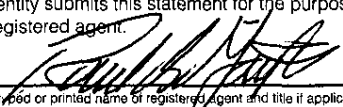
2. Principal Place of Business 900 FOX VALLEY DRIVE Suite, Apt. #, etc. SUITE 108 City & State LONGWOOD FL Zip 32779	3. Mailing Address 900 FOX VALLEY DR Suite, Apt. #, etc. SUITE 108 City & State LONGWOOD FL Zip 32779
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4. FEI Number 59-3645386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAITMAN, PAUL 900 FOX VALLEY DRIVE SWEETWATER SQUARE SUITE 106 LONGWOOD FL 32779

7. Name and Address of New Registered Agent Name PAUL GAITMAN Street Address (P.O. Box Number is Not Acceptable) 900 FOX VALLEY DRIVE SUITE 108 City LONGWOOD FL Zip Code 32779
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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  (NOTE: Registered Agent signature required when reinstating) DATE 08/15/03

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAITMAN, PAUL P.O. BOX 915767 LONGWOOD FL 32791-5767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REILLY, PATRICIA A MS PO BOX 915767 LONGWOOD FL 32791-5767 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100022485311 08/21/03--01059--016 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **REQUIRED** 08/15/03 4076826300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

National Health Insurance Services, Inc
900 Fox Valley Drive, Suite 108
Longwood, Florida 32779
407 682 6300 Fax 407 772 2723

August 15, 2003

Florida Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, Florida 32314

Via FEDERAL EXPRESS

Re: P94000020543 National Health Insurance Services, Inc.
Re: P00000049508 DormKit, Inc.
Re: N97000005336 W.I.S.E. Inc.

PLEASE BE ADVISED:

That the three companies listed all relocated this past May to 900 Fox Valley Drive, Suite 108, Longwood, Florida 32779. Upon receipt of the "60 day notice" it was apparent that these documents had not been filed (as they were never received).

I am enclosing a company check for National Health Insurance Services for \$150.00
I am enclosing a company check for DormKit, Inc. for \$150.00
I am enclosing a personal check for W.I.S.E. for \$61.25 as W.I.S.E. does not have any banking relationship.

While our post office box has not changed, these documents were never received. To avoid this problem on renewal, all addresses are now the same.

As I have always paid my taxes on time and my companies did relocate, I was advised by the staff at the Division of Corporation NOT to pay on line – but to send my documents with a letter of explanation (and annual fee minus the late charges).

Thank you. If you have any questions, please call.


Paul Gaipman, President

National Health Insurance Services, Inc.
DormKit, Inc.
W.I.S.E. Inc.