

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90783 050 ***150.00

DOCUMENT # P00000063991

1. Entity Name
STARWOOD MOBILE DIAGNOSTICS INC.



Principal Place of Business
499 STATE ROAD 434 N
2179
ALTAMONTE SPRINGS FL 32714

Mailing Address
6006 N. MESA
702
EL PASO TX 79912

2. Principal Place of Business

499 STATE RD 434
Suite, Apt. #, etc.
N. 2179

3. Mailing Address

6006 N. MESA
Suite, Apt. #, etc.
STE. 710

City & State

ALTAMONTE SPRINGS FL

City & State

EL PASO TX

Zip

32714

Country

Zip

79912

Country

EL PASO

4. FEI Number

91-2067997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ENABNIT, STEVEN
499 STATE ROAD 434 N
2179
ALTAMONTE SPRINGS FL 32714

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-03

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 **P** ☐ Delete
NAME **ENABNIT, STEVEN**
STREET ADDRESS **18807 WINDSOR LAKES**
CITY-ST-ZIP **HOUSTON TX 77094**

TITLE **S** ☐ Delete
NAME **HOWARD, TRACY**
STREET ADDRESS **18807 WINDSOR LAKES**
CITY-ST-ZIP **HOUSTON TX 77094**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 281-932-6891

Date

Daytime Phone #

CR2E034 (10/02)