

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90180 006 \*\*\*550.00

DOCUMENT # P00000067951

1. Entity Name

**SOUTH BAY BIO-MEDICAL, INC.**

Principal Place of Business

Mailing Address

6506 SOLITAIRE PALM WAY  
 APOLLO BEACH, FL 33572

6506 SOLITAIRE PALM WAY  
 APOLLO BEACH, FL. 33572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3661268

Applied For

Not Applicab

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARY W. SPEIGHT  
 6506 SOLITAIRE PALM WAY  
 APOLLO BEACH, FL 33572

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

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) ☐

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 **D** Delete  
 NAME SPEIGHT, GARY W.  
 STREET ADDRESS 6506 SOLITAIRE PALM WAY  
 CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE **VP, S, T** Change ☒ Addit  
 NAME SPEIGHT, GARY W.  
 STREET ADDRESS 6506 SOLITAIRE PALM WAY  
 CITY-ST-ZIP APOLLO BEACH, FL. 33572

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** Change ☒ Addit  
 NAME SPEIGHT, PAMELA D.  
 STREET ADDRESS 6506 SOLITAIRE PALM WAY  
 CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE ☐ Delete  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gary W. Speight*

GARY W. SPEIGHT

9/26/02

813-928-8296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #