

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90670 029 ***150.00

DOCUMENT # P00000091318

1. Entity Name

TROPICAL MEDICAL EXPRESS SUPPLY, INC.

Principal Place of Business

**3935 ENTERPRISE AVE.
NAPLES FL 34104**

Mailing Address

**3935 ENTERPRISE AVE.
NAPLES FL 34104**

2. Principal Place of Business

3511 PLOVER AVE

Suite, Apt. #, etc.

101

City & State

NAPLES FL

Zip

34117

Country

USA

3. Mailing Address

3511 PLOVER AVE

Suite, Apt. #, etc.

101

City & State

NAPLES FL

Zip

34117

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3736281**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOLNY, RUSTI
3935 ENTERPRISE AVE.
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **Rusti Wolny**

Street Address (P.O. Box Number is Not Acceptable)

3511 PLOVER AVE Ste 101

City **NAPLES FL**

Zip Code **34117**

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

Rusti Wolny

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

(NOTE: Registered Agent signature required when reinstating)

04-15-02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOLNY, RUSTI	
STREET ADDRESS	P O BOX 990160	
CITY-ST-ZIP	NAPLES FL 34116	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTI Wolny	
STREET ADDRESS	3511 PLOVER AVE S-101	
CITY-ST-ZIP	NAPLES FL 34117	
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:

Rusti Wolny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-02

Date

941-430-9165

Daytime Phone #

CR2E034 (9/01)