

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108589

1. Entity Name

MEDWRITE, INC.

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90112 021 \*\*\*150.00

Principal Place of Business

Mailing Address

BARBARA M. LOMBARDI  
10 ~~BUCANEER~~ BEND  
PLACIDA FL 33946

BARBARA M. LOMBARDI  
10 ~~BUCANEER~~ BEND  
PLACIDA FL 33946

*Correct spelling*

00047300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 Buccaneer Bend

10 Buccaneer Bend

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOMBARDI, BARBARA M  
10 ~~BUCANEER~~ BEND  
PLACIDA FL 33946

Buccaneer

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Barbara M. Lombardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara M. Lombardi, President

7 April 2001 941-698-1788

Date

Daytime Phone #

CR2E034 (10/00)