

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 006 ***150.00

DOCUMENT # P00000108589

1. Entity Name
Medwrite, Inc.

DO NOT WRITE IN THIS SPACE

759145

2. Principal Place of Business
10 Buccaneer Bend
Suite, Apt. #, etc.

3. Mailing Address
10 Buccaneer Bend
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Placida, Florida

City & State
Placida, Florida

4. FEI Number
65-1064087

Applied For
Not Applicable

Zip
33946

Country
Charlotte

Zip
33946

Country
Charlotte

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Barbara Lombardi
Street Address (P.O. Box Number is Not Acceptable)
10 Buccaneer Bend

City
Placida **FL** **Zip Code**
33946

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
NAME
Barbara Lombardi
STREET ADDRESS
10 Buccaneer Bend
CITY - ST - ZIP
Placida, FL 33946

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Lombardi **Barbara Lombardi, President** 3/29/02 **941-698-1788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)