

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90074 008 \*\*\*150.00

DOCUMENT # P00000108589

1. Entity Name  
MEDWRITE, INC.



Principal Place of Business  
BARBARA M. LOMBARDI  
10 BUCCANEER BEND  
PLACIDA FL 33946

Mailing Address  
BARBARA M. LOMBARDI  
10 BUCCANEER BEND  
PLACIDA FL 33946



2. Principal Place of Business  
10 BUCCANEER BEND

3. Mailing Address  
10 BUCCANEER BEND

Suite, Apt. #, etc.  
PLACIDA, FL

Suite, Apt. #, etc.  
\_\_\_\_\_

City & State  
PLACIDA, FL

City & State  
PLACIDA, FL

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

LOMBARDI, BARBARA M  
10 BUCANEER BEND  
PLACIDA FL 33946

## 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOMBARDI, BARBARA M 10 BUCCANEER BEND PLACIDA FL 33946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara M. Lombardi 4/3/2003 941-698-1788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)