

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114475

1. Entity Name

MEDICAL RESOURCE SERVICES, INC.

**FILED**  
May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90242 001 \*\*\*300.00

Principal Place of Business

~~283 N. NORTHLAKE BLVD., SUITE 111~~  
~~ALTAMONTE SPRINGS FL 32701~~

Mailing Address

~~283 N. NORTHLAKE BLVD., SUITE 111~~  
~~ALTAMONTE SPRINGS FL 32701~~

2. Principal Place of Business

800 S. ORLANDO AVE

Suite, Apt. #, etc.

Suite 110

3. Mailing Address

P.O. Box 678086

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Orlando, FL

Zip

32751

Country

USA

Zip

32867

Country

USA

4. FEI Number

65-1063737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRIS

~~283 N. NORTHLAKE BLVD., SUITE 111~~  
~~ALTAMONTE SPRINGS FL 32701~~

7. Name and Address of New Registered Agent

Name  
Charles C. Smith

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

800 S. ORLANDO AVE SUITE 110

City  
Maitland

FL

Zip Code  
32751

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 *Charles C. Smith - President*

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

(NOTE: Registered Agent signature required when reinstating)

4-17-01

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

TITLE DP  
NAME SMITH, CHRIS Charles C. Smith  
STREET ADDRESS 800 S. ORLANDO AVE STE 110  
CITY-ST-ZIP Maitland, FL 32751  
~~283 N. NORTHLAKE BLVD., SUITE 111~~  
~~ALTAMONTE SPRINGS FL 32701~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Charles C. Smith - President* Charles C. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

407-786-6109

Daytime Phone #

CR2E034 (10/00)