

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90133 001 ***300.00

DOCUMENT # P00000114475

1. Entity Name
MEDICAL RESOURCE SERVICES, INC.

Principal Place of Business

~~800 S. ORLANDO AVE~~
~~SUITE 110~~
~~MAITLAND FL 32751~~

Mailing Address

P.O. BOX 678086
 ORLANDO FL 32867

2. Principal Place of Business

340 Crown Oak Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

32750

Country

USA

Country

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

~~800 S. ORLANDO AVE~~

~~110~~

~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent

Name

Charles C. Smith

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

340 Crown Oak Drive

Centre

City

Longwood

FL

Zip Code

32750

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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 DP ☒ Delete
NAME SMITH, CHRIS
STREET ADDRESS 800 S. ORLANDO AVE., SUITE 110
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME Smith, Charles C.
STREET ADDRESS 340 Crown Oak Drive
CITY-ST-ZIP Longwood, FL 32750

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

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

407-619-0551

Daytime Phone #

CP2E034 (9/01)