

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90004 019 ***150.00

DOCUMENT # P01000000719

1. Entity Name
ELITE MEDICAL DISTRIBUTORS, INC.

Principal Place of Business
**3325 TAMPA RD
 PALM HARBOR, FL 34684-3426**

Mailing Address
**3325 TAMPA RD
 PALM HARBOR FL 34684-3426**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
149 1st Avenue N

3. Mailing Address
149 1st Avenue N

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number **59-3609658** Applied For
 Not Applicable

Zip **33701** Country
 Zip **33701** Country

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

6. Name and Address of Current Registered Agent
**WAHBA, SAMUEL E
 3325 TAMPA RD
 PALM HARBOR FL 34684-3426**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
149 1st Avenue N
 City **St. Petersburg** FL Zip Code **33701**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PT WAHBA, SAMUEL E 3325 TAMPA RD PALM HARBOR FL 34684-3426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 1st Avenue N St. Petersburg, FL 33701
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
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
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
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
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

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 REQUIRED** **7/25/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
#P01000000719 / 675782

Elite Medical Distributors, Inc.
Document # P01000000719
FEI # 59-3609658

Florida Department of State:

We had never received any information regarding the 2002 Uniform Business Report because there had been a change of address. Enclosed you will find a payment of \$150.00 towards the filing fees. The new residents at our former address had just recently hand delivered to us the UBR form sent in the name of Elite Medical Distributors, Inc. Please waive the penalty because we had not received the UBR form as previously stated. Your cooperation is greatly appreciated. If any further information is required, please call (813)960-5994.

Samuel E. Della