

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90194 029 ***150.00

05/7/01 AV

DOCUMENT # P01000001507

1. Entity Name

MED-X INTERNATIONAL, INC.



Principal Place of Business

3338 BAYSHORE CT.
SPRING HILL FL 34608

Mailing Address

3338 BAYSHORE CT.
SPRING HILL FL 34608

Change of address

2. Principal Place of Business

1269 CAVALERO COURT
Suite, Apt. #, etc.

3. Mailing Address

1269 CAVALERO COURT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

SPRING HILL FLORIDA

City & State

SPRING HILL FL.

4. FEI Number

59-3693204

Applied For

Not Applicable

Zip

34608

Country

USA

Zip

34608

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HONIGMAN, CHARLES
3338 BAYSHORE CT.
SPRING HILL FL 34608

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT.
HONIGMAN, CHARLES
3338 BAYSHORE CT.
SPRING HILL FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HONIGMAN, DIANE
3338 BAYSHORE CT.
SPRING HILL FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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:

Charles Honigman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-01-03

CR2E034 (10/02)