

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90298 028 \*\*\*150.00

**DOCUMENT # P01000012779**

1. Entity Name  
**MEDFUND FINANCIAL SERVICES, INC.**



Principal Place of Business  
**105 NW 75TH ST., STE. 3  
GAINESVILLE FL 32607**

Mailing Address  
**105 NW 75TH ST., STE. 3  
GAINESVILLE FL 32607**



2. Principal Place of Business  
**4432 NW 23rd Ave**

3. Mailing Address  
**4432 NW 23rd Ave**

Suite, Apt. #, etc.  
**Suite 4**

Suite, Apt. #, etc.  
**Suite 4**

City & State  
**Gainesville FL**

City & State  
**Gainesville FL**

Zip  
**32606**

Country  
**USA**

Zip  
**32606**

Country  
**USA**

4. FEI Number  
**59-3696675**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MASSEY, MICHAEL D  
105 NW 75TH ST., STE. 3  
GAINESVILLE FL 32607**

## 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 \_\_\_\_\_ (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 **P** ☐ Delete  
NAME **MICHAEL, MASSEY D**  
STREET ADDRESS **105 NW 75TH STREET STE 3**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **ST** ☐ Delete  
NAME **CATHERINE, MASSEY M**  
STREET ADDRESS **105 NW 75TH STREET STE 3**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

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

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

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

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: Catherine M. Massey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 352-377-7004  
Date Daytime Phone #

CR2E034 (10/02)