

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90162 035 ***150.00

0496882 AV

DOCUMENT # P01000013097

1. Entity Name
MEDICAL EQUIPMENT EXCHANGE, INC.

Principal Place of Business
**200 GOODLETTE RD S UNIT 9
 NAPLES FL 34102**

Mailing Address
**200 GOODLETTE RD S UNIT 9
 NAPLES FL 34102**

2. Principal Place of Business
980 5th AVE N.

3. Mailing Address
980 5th AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
593698688

Applied For
 Not Applicable

Zip
34102 Country
Collier

Zip
34102 Country
Collier

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

6. Name and Address of Current Registered Agent

**MAST, CHRISTOPHER E
 1059 5TH AVE
 N NAPLES FL 34102**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | D JONES, RAYMOND T 200 GOODLETTE RD S UNIT 9 NAPLES FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-261-7744
 Date Daytime Phone #

CP2E034 (9/01)