

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90002 042 ***150.00

DOCUMENT # P01000018746

1. Entity Name
FLORIDA MEDICAL SUPPLIES, INC.

Principal Place of Business

**409 SE EVERGREEN TERR
PORT ST LUCIE FL 34983**

Mailing Address

**409 SE EVERGREEN TERR
PORT ST LUCIE FL 34983**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 SE MIDPORT ROAD

Suite, Apt. #, etc.

SUITE 200

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

4. FEI Number

051081084

Applied For

Not Applicable

Zip

34952

Country

ST. LUCIE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUNEYCUIT, JOHN
409 SE EVERGREEN TERR
PORT ST LUCIE FL 34983**

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 ☐ Delete
NAME **DP**
HUNEYCUIT, JOHN
STREET ADDRESS **409 SE EVERGREEN TERR**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☐ Delete
NAME **DVS**
HUNEYCUIT, EILEEN
STREET ADDRESS **409 SE EVERGREEN TERR**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

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

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

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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:

John Huneycuit

3/5/02

561-398-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)