

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

FILED

DOCUMENT # **701000035919**

02 JUN 17 AM 9:25

1. Entity Name
Med-Tech Business Solutions, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3311 Wilkshire Ln
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3457
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL
Zip

Country
USA

City & State
Ponte Vedra Bch FL
Zip

Country
USA

4. FEI Number
593710583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Kellie Giordano**
Street Address (P.O. Box Number is Not Acceptable)
3311 Wilkshire Ln

City **Jacksonville**

FL

Zip Code **32257**

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 **Kellie Giordano** **Kellie Giordano**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

6/7/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **President**
NAME **Kellie Giordano**
STREET ADDRESS **3311 Wilkshire Ln**
CITY-ST-ZIP **Jacksonville FL 32257**

TITLE **Vice President**
NAME **Frank Giordano**
STREET ADDRESS **3311 Wilkshire Ln**
CITY-ST-ZIP **Jacksonville FL 32257**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other life empowered.

SIGNATURE **Kellie Giordano** **Kellie Giordano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

6/7/02

(904) 448-9988

CR2E034B (12/01)

Attachment

**Med-Tech Business
Solutions, Inc.**

3311 Wilkshire Ln Jacksonville FL 32257

#

June 7, 2002

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I called the division of Corporations office in Tallahassee today and spoke with Esther. During the course of our conversation I revealed that I was unaware of all of the necessary steps to maintaining my Articles of Incorporation including the Uniform Business Report. At that time Esther advised me to file the report, which is attached, and include a check for the \$150.00 filing fee. She advised that this has been known to happen especially in the first business year of small businesses.

Enclosed please find a check for the \$150.00 filing fee and the Uniform Business Report. If there is anything additional required please contact me either by mail at the above address or by telephone at (904) 448-9988.

Sincerely,



Kellie Giordano
President

cc: file
Enclosures