

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90140 023 ***150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000057878

1. Entity Name
ABLE MEDICAL & MOBILITY SUPPLY CENTER, INC.

Principal Place of Business
11719 N. DALE MABRY HWY.
TAMPA FL 33618-3503

Mailing Address
11719 N. DALE MABRY HWY.
TAMPA FL 33618-3503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3732344**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZENBY, RANDY C
4639 HIDDEN SHADOW DR
TAMPA FL 33614

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAZENBY, HELEN M	
STREET ADDRESS	4639 HIDDEN SHADOW DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAZENBY, RANDY C	
STREET ADDRESS	4639 HIDDEN SHADOW DR.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: HELEN M. LAZENBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003
Date

(813) 249-0611
Daytime Phone #

CR2E034 (10/02)