

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90135 034 ***150.00

DOCUMENT # P01000064340

1. Entity Name
MEDRITE, INC.



Principal Place of Business
**13432 COUNTY RD. 448
TAVARES FL 34778**

Mailing Address
**13432 COUNTY RD. 448
TAVARES FL 34778**

2. Principal Place of Business

595 County Road 448

Suite, Apt. #, etc.

3. Mailing Address

595 County Road 448

Suite, Apt. #, etc.

City & State

Tavares, FL

City & State

Tavares, FL

Zip

32778

Country

USA

Zip

32778

Country

USA

4. FEI Number **59-3727417**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHULTZ, LAUREN J
13432 COUNTY ROAD 448
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **Schultz, Lauren J.**
Street Address (P.O. Box Number is Not Acceptable)
595 County Road 448
City **Tavares** FL Zip Code **32778**

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 **Lauren J. Schultz**
Signature, typed or printed name of registered agent and title if applicable

Lauren J. Schultz
(NOTE: Registered Agent signature required when reinstating)

1/10/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	SCHULTZ, LAUREN J	
STREET ADDRESS	13432 CONTY RD. 448	
CITY-ST-ZIP	TAVARES FL 34778	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTZ, GREGORY W	
STREET ADDRESS	13432 CONTY RD. 448	
CITY-ST-ZIP	TAVARES FL 34778	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MALAVE, WILFREDO	
STREET ADDRESS	13432 CONTY RD. 448	
CITY-ST-ZIP	TAVARES FL 34778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	595 County Road 448	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	595 County Road 448	
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lauren J. Schultz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 352-343-8778

CR2E034 (10/02)