

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90860 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000093637

1. Entity Name
ENHANCED COMPREHENSIVE OUTPATIENT PULMONARY DIAGNOSTICS, INC.

Principal Place of Business **Mailing Address**

2850 EMPIRE PLACE **2850 EMPIRE PLACE**
SANFORD FL 32773 **SANFORD FL 32773**

2. Principal Place of Business **3. Mailing Address**

Enhanced COO, Inc. **418 Treemonte Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Orange City FL. **Orange City FL.**

Zip **Country** **Zip** **Country**

32763 **USA** **32763** **USA**

4. FEI Number **Applied For**

59-3743738 **Not Applicable**

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

☐ ☐

6. Name and Address of Current Registered Agent

GRANT, BRIDGET.
2850 EMPIRE PLACE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name **Bridget Grant**
Street Address (P.O. Box Number is Not Acceptable) **2850 Empire Pl.**
City **Sanford** **FL** **Zip Code** **32763**

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 **Bridget Grant, President** **DATE** **4/26/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, BRIDGET 2850 EMPIRE PLACE SANFORD FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Bridget Grant** **DATE** **4-26-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)