

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90065 025 ***158.75

DOCUMENT # P01000099939

1. Entity Name

FLORIDIAN'S PREFERRED MEDICAL EVALUATIONS, INC.

Principal Place of Business

**44 SE 1 AVE STE 212
OCALA FL 34471**

Mailing Address

**44 SE 1 AVE STE 212
OCALA FL 34471**

2. Principal Place of Business

2626 NE 10th St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5837
Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3722792

Applied For

Not Applicable

Zip

34470

Country

US

Zip

34478-5837

Country

US

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONTGOMERY, KIMBERLY L.
44 SE 1 AVE STE 212
OCALA FL 34471

7. Name and Address of New Registered Agent

Name: **Kimberly Montgomery**
Street Address (P.O. Box Number is Not Acceptable)
2626 NE 10th St.
City **OCALA** FL **34470**

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 **Kimberly Montgomery** President **4/15/02**
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 **PCEO** ☐ Delete
NAME **MONTGOMERY, KIMBERLY L**
STREET ADDRESS **2821 NE 3 STREET APT 17**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TITLE ☐ Change ☐ Addition
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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: **Kimberly Montgomery** **Apr. 15, 2002** **(352) 867-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)