

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-08-2002 90002 001 ***150.00

DOCUMENT # P01000101278

1. Entity Name

PROFESSIONAL X-RAY EQUIPMENT INC

Principal Place of Business

4748 NE 11TH AVE
 OAKLAND PARK FL 33334

Mailing Address

4748 NE 11TH AVE
 OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4748 NE 11TH AVE

Suite, Apt. #, etc.

OAKLAND PK

City & State

FL

3. Mailing Address

4748 NE 11TH AVE

Suite, Apt. #, etc.

OAKLAND PK

City & State

FLA

4. FEI Number

65-0330517

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

STONE, MICHAEL J

4748 NE 11TH AVE

OAKLAND PARK FL 33334

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

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	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MIKE STONE	
STREET ADDRESS	604 LOCK RD	
CITY-ST-ZIP	DEERFIELD Bch, FL 33442	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOE STONE	
STREET ADDRESS	3658 NW 83RD LN.	
CITY-ST-ZIP	SWANEE, FLA 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 (454) 771-8728

Date

Daytime Phone #

CR2E034 (9/01)