

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90444 036 ***150.00

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DOCUMENT # P01000106869

1. Entity Name
DEPENDABLE PHLEBOTOMY SERVICE, INC.



Principal Place of Business
**2505 MCCRANIE PL
LAKELAND FL 33801**

Mailing Address
**2505 MCCRANIE PL
LAKELAND FL 33801**



2. Principal Place of Business

102 LANDINGS WAY

Suite, Apt. #, etc.

APT. 2B

City & State

WINTER HAVEN, FL

Zip

33880

Country

USA

3. Mailing Address

P.O. Box 222

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33882

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3754736**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOOTH, RUTH E
5214 HWY 98 N
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

APRIL J. PARKS

Street Address (P.O. Box Number is Not Acceptable)

102 Landings Way

APT 2B

City

Winter Haven

FL

Zip Code

33880

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]*
Signature, typed or printed name of registered agent and title if applicable.

APRIL J. PARKS, Owner

4-15-03

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **COPELAND, SANDRA W**
STREET ADDRESS **2505 MCCRANIE PL**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ Delete
NAME **PARKS, APRIL**
STREET ADDRESS **102 LANDINGS WAY APT 9B**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-03 (863) 602-4654

CR2E034 (10/02)