

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90342 048 \*\*\*150.00

**DOCUMENT # P01000110943**

1. Entity Name  
**CMO MEDICAL, INC.**  
 CORP. CHARTERED  
 FLA.

Principal Place of Business  
 6065 IBIS STREET  
 SARASOTA FL 34241

Mailing Address  
 6065 IBIS STREET  
 SARASOTA FL 34241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0024838

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WITTMER, STEVEN T  
 2014 FOURTH STREET  
 SARASOTA FL 35237

7. Name and Address of New Registered Agent

Name **CHRISTOPHER M. ODIERNA**

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

**6065 IBIS ST.**

City **SARASOTA**

FL

Zip Code **34241**

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

*Christopher M. Odierna*

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

(NOTE: Registered Agent signature required when reinstating)

7/8/02

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 \$550.00**

**After September 13, 2002 Fee will be \$750.00**

**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 ☐ Delete  
 NAME **PVST**  
 STREET ADDRESS **ODIERNA, CHRISTOPHER M**  
 CITY-ST-ZIP **6065 IBIS STREET**  
**SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ODIERNA, CHRISTOPHER M**  
 CITY-ST-ZIP **6065 IBIS STREET**  
**SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*Christopher M. Odierna*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02 (941) 915-2697  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment # PO1000110943  
120032

Dear Sir/Madam:

7/8/02

This letter is being written in request of waiving the late fee for 2002 VBR. Being a new S-Corp as of late last year. I paid \$150 to register however I never recieved a 2002 VBR untill recently. Could you please waive the \$550.08 late fee and except another 150.00 fee since I never recieved a first notice.

Thank you,

Regards,

Chin-M. Ode

President, CEO

CMO Medical Inc