

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90845 023 ***150.00

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DOCUMENT # P02000009800

1. Entity Name

SOUTHEAST MEDICAL SUPPLIES, INC.



Principal Place of Business

**250 SOUTH OCEAN BLVD., #256
DELRAY BEACH FL 33483**

Mailing Address

**250 SOUTH OCEAN BLVD., #256
DELRAY BEACH FL 33483**

2. Principal Place of Business

11054 S. Military Tr.

3. Mailing Address

11054 S. Military Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State

Boynton Beach

City & State

Boynton Beach

4. FEI Number

02-0532428

Applied For

Not Applicable

Zip

33436

Country

Palm Beach

Zip

33436

Country

Palm Beach

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRESSOW, STEVEN R

250 SOUTH OCEAN BLVD., #256

DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Kimberly Sipp

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

250 S. Ocean Dr. #256

City

Delray Beach

FL

Zip Code

33483

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

NOTE: Registered Agent signature required when reinstating)

DATE

2-26-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SIPP, KIMBERLY M
250 SOUTH OCEAN BLVD., #256
DELRAY BEACH FL 33483

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TITLE
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☐ Change ☐ Addition

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V
PRESSOW, STEVEN R
250 SOUTH OCEAN BLVD., #256
DELRAY BEACH FL 33483

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☐ Change ☐ Addition

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 REQUIRED

2-21-03

Date

Daytime Phone #

**(561)
364-2600**

CR2E034 (10/02)