Jul 07, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

Secrétary of State P02000038191 DOCUMENT # 07-07-2003 90136 021 \*\*\*150.00 1. Entity Name MEDICAL BILLS MANAGERS, INC. Principal Place of Business Mailing Address 7731 36TH LN E 7731 36TH LN E SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 134 4. FEI Number City & State City & State Applied For <u>75-3037883</u> Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired ANDTZ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -MORK, STEVE Street Address (P.O. Box Number is Not Acceptable) 7731 36TH LN E SARASOTA FL 34243 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/03) TITLE Addition TITLE ☐ Delete MORK, STEVE E NAME NAME 7731 36TH LN E STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change \_\_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the redeiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if



## 90140621 P0200038191

MEDICAL, BILLS MANAGERS \*\*

Thursday July 3, 2003

Florida Dept of State Div. of Corporations PO Box 6327 Tallahassee, FI 32314

RE: 2003 Uniform Business Report

Dear Sir or Madam:

I am in receipt of the 2003 URB form. I was unaware of any fees due to the state on May 1, 2003. To the best of my knowledge I did not receive any previous notice. I have enclosed the completed form and the annual fee of \$150.00. I am requesting that the penalty be waived.

Thank you in advance for your assistance in this matter.

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Steven M. Mork

Pres.

Staveli-Mt Mork Pres:

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