

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 31 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039153

1. Entity Name
MEDICAL SUPPLIES AND EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1142 Miramar Parkway

3. Mailing Address

Suite, Apt. #, etc. *Same*

Suite, Apt. #, etc.
Suite C

City & State

Miramar FL

City & State

Zip

33023

Country

U.S.A.

Zip

Country

4. FEI Number

45-0540531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ami Godfrey

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

1142 Miramar Parkway

City

Miramar

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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

Ami Godfrey

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

(NOTE: Registered Agent signature required when reinstating)

10/30/03

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Ami Godfrey
1142 Miramar Parkway Suite C
Miramar, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024577600
11/12/03--01002--015 **150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ami Godfrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 (305) 318-9694

DATE

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER IN REFERENCE
TO DOCUMENT # P02000039153. PLEASE
FIND A CHECK FOR \$150.⁰⁰ FOR THE ANNUAL
REPORT. I DID NOT RECEIVE THE RENEWAL
FORM AND WAS NOT AWARE OF ANY
PENALTIES.

THANK YOU,

Ann Godfrey
Ann Godfrey