

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-18-2003 90162 042 ***150.00

DOCUMENT # P02000091370

1. Entity Name
MEDICINE MAN OF TALLAHASSEE, INC.



Principal Place of Business
**7798 CRICKLEWOOD DR
TALLAHASSEE FL 32312**

Mailing Address
**7798 CRICKLEWOOD DR
TALLAHASSEE FL 32312**

55055110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SEDA-CAYSON

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

City

FL

Zip Code

**CAUSPM; SEDITA
7798 CRICKLEWOOD DR
TALLAHASSEE FL 32312**

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete
NAME **D CAYSON, SEDITA**
STREET ADDRESS **7798 CRICKLEWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME **D MATHIS, MARCIA**
STREET ADDRESS **2521 NUGGET LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 reports 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2003

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55055110

#P02000091370

Robert E. Maloney, Jr.

Attorney at Law

1580 Bannerman Road, Suite 2
Tallahassee, Florida 32312
(850) 668-3939

Also Admitted in:
Connecticut
Georgia
Massachusetts

Fax (850) 668-3952

August 15, 2003

Secretary of State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Medicine Man of Tallahassee, Inc.

To Whom It May Concern:

Enclosed please find my clients check in the amount of \$150.00, together with a letter requesting waiver of the late fee in this instance.

Any consideration you could give to this entity at this time would be greatly appreciated. Please forward any relevant correspondence to me at the above address.

Very Truly Yours,



Robert E. Maloney, Jr.

cc: Medicine Man of Tallahassee, Inc.

Attachment

55055110

#P02000091370

MEDICINE MAN OF TALLAHASSEE, INC.

7798 Cricklewood Drive
Tallahassee, Florida 32312
850-933-6976

August 15, 2003

Secretary of the State of Florida
Division of Corporations
P.O. Box 1500

Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please be advised that I am the President and Chairman of the Board of Medicine Man of Tallahassee, Inc. and this was the first notice I received regarding the reinstatement of this corporation. I am enclosing my check in the amount of \$150.00 and would ask that you waive the late fee associated with this late filing.

I cannot explain this discrepancy, but I do realize that payment for each year must be made by May 1, and I will see to it that it is renewed by that date every year.

Sincerely Yours,



Jedita Cayson
President