

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 SEP 30 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000106286

1. Entity Name
MEDICAL TECHNOLOGY INDUSTRIES, INC.



Principal Place of Business
3725 INVESTMENT LANE
RIVIERA BEACH FL 33404

Mailing Address
80 ABBEYVILLE ROAD
LANCASTER PA 17603

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3725 INVESTMENT LANE
Suite, Apt. #, etc.

City & State
RIVIERA BEACH

Zip **Country**
FL PALM BEACH

4. FEI Number
12-3882453

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEDICAL TECHNOLOGY AND INNOVATIONS, INC.
3725 INVESTMENT LANE
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent
Name JEREMY FEAKINS
Street Address (P.O. Box Number is Not Acceptable) 3725 INVESTMENT LANE
City RIVIERA BEACH **FL** **Zip Code** 33404

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 *Jeremy Feakins* **JEREMY FEAKINS, CEO** **9/17/03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEREMY FEAKINS PRESIDENT AND SECRETARY 3725 INVESTMENT LANE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023417875 09/30/03--01025--002 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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* **JEREMY FEAKINS, 9/17/03** **561 844 3486**
Signature and type or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)