

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91414 001 \*\*\*150.00

**DOCUMENT # P02000113365**

1. Entity Name

ASAP PHLEBOTOMY & TRAINING, INC.



Principal Place of Business  
2916 NW 60 TERRACE STE 533  
SUNRISE FL 33313

Mailing Address  
2916 NW 60 TERRACE STE 533  
SUNRISE FL 33313

55041836



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
818

Suite, Apt. #, etc.  
Same

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Sunrise

FL

4. FEI Number

42-1560097

Applie For

Not Applicable

Zip

County

Zip

Country

33322

Broward

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

DEVONE, RETHA  
2916 NW 60 TERRACE STE 533  
SUNRISE FL 33313

Name

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

9999 Summerbreeze Dr #818

City

Sunrise

FL

Zip Code

33322

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

Retha Devone

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
DEVONE, RETHA  
2916 NW 60 TERRACE STE 533  
SUNRISE FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
9999 Summerbreeze Dr #818  
Sunrise, FL 33322

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

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NAME  
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CITY-ST-ZIP  
☐ 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:

Retha Devone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/03

Daytime Phone #

CR2E034 (10/02)