

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90091 016 ***158.75

DOCUMENT # P02000128227

1. Entity Name

UNIQUE MEDICAL & MOBILITY SERVICES INC.



Principal Place of Business

3080 N. WASHINGTON BLVD. UNIT 1S
SARASOTA FL

Mailing Address

3080 N. WASHINGTON BLVD. UNIT 1S
SARASOTA FL

2. Principal Place of Business

3080 N. Washington Blvd.

3. Mailing Address

3080 N. Washington Blvd

Suite, Apt. #, etc.

Unit 1-S

Suite, Apt. #, etc.

Unit 1-S

City & State

SARASOTA, Florida

City & State

SARASOTA, Florida

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

4. FEI Number

54-20-86154

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRYAN, ORANE

3080 N. WASHINGTON BLVD. UNIT 1S
SARASOTA FL

7. Name and Address of New Registered Agent

Name

BRYAN, ORANE

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

3080 N. Washington Blvd. Unit 1-S

City

SARASOTA

FL

Zip Code

34234

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)

3-3-03

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 ☐ Delete
NAME ORANE & BRYAN
STREET ADDRESS 3080 N. Washington Blvd Unit 1-S
CITY-ST-ZIP SARASOTA, FL 34234

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Michael Hinks
CITY-ST-ZIP 3080 N. Washington Blvd. Unit 1-S
SARASOTA, FL 34234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 (941) 359-6770
Date Daytime Phone #

CR2E034 (10/02)