

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-17-2000 90003 032 ***150.00

DOCUMENT # P93000014481

1. Entity Name

VARNER MEDICAL INVESTMENTS, INC.

Principal Place of Business

**7480 PORTO VECCHIO A
 DELRAY BEACH FL 33446**

Mailing Address

**7480 PORTO VECCHIO A
 DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0399492

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VARNER, CLAYTON
 7480 PORTO VECCHIO PL
 DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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** ☐ Delete
 NAME **VARNER, CLAYTON**
 STREET ADDRESS **7480 PORTO VECCHIO PL**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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 NAME
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 CITY-ST-ZIP

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 Block 12 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

8/11/00
 Date

(561) 638-7540
 Daytime Phone #

CR2E034 (5/00)

Varner Medical Investments, Inc.

7480 Porto Vecchio Place
Delray Beach, FL

Phone: 561-638-7540
FAX: 561-638-7528
email: Kvarner446@aol.com

Attachment Doc# P930000014481
108275

Monday, September 11, 2000

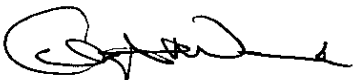
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Your Reference Number: P93000014481

Dear Sir:

I hereby request review on the above referenced case number. The initial notice to file a corporate report was never received. It was not until the second notice was received did I realize that the filing was delinquent and immediately filed with payment and letter requesting a review. I therefore request that you abate the late fees.

Sincerely,



Clayton R. Varner, II