

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90134 001 ***150.00

0429897 AV

DOCUMENT # P93000017333

1. Entity Name

AFFORDABLE MEDICAL EQUIPMENT AND SUPPLY INC.

Principal Place of Business

Mailing Address

**4625 N. MANHATTAN AVE
 SUITE O
 TAMPA FL 33614
 US**

**4625 N. MANHATTAN AVE
 SUITE O
 TAMPA FL 33614
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa

Zip

Country

Zip

Country

4. FEI Number

65-0402517

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNOTT JENNY L.

~~6869 B. GUNN HWY.~~

~~08E33A FL 33556~~

Name

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

4625 N. Manhattan Ave.

Suite O

City

Tampa

FL

33614

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

Jenny L. Knott

Jenny L. Knott

1-14-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **KNOTT, JENNY L.**
 STREET ADDRESS **14055 NOTEVILLE WAY**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☒ Change ☐ Addition
 NAME **7613 Pasea Dobles Ct**
 STREET ADDRESS **Tampa FL 33615**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Jenny L. Knott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02
 Date

813-849-1375
 Daytime Phone #

CR2E034 (9/01)