

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90042 023 ***150.00

0500622

DOCUMENT # P93000027443

1. Entity Name

MEDIFIN, INC.

Principal Place of Business

5340 W. KENNEDY BLVD
SUITE 200
TAMPA FL 33609
US

Mailing Address

PO BOX 21702
TAMPA FL 33622-1702
US

2. Principal Place of Business

3507 East Frontage

3. Mailing Address

Suite, Apt. #, etc.

Suite 115

City & State

Tampa Fla

City & State

Zip

33607

Country

Country

4. FEI Number

59-3175935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLPE, DAVID
5340 WEST KENNEDY
SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Walter Craig

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

3507 East Frontage

Suite 115

City

Tampa

FL

Zip Code

33607

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 reinstating)

DATE

2/6/01

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, 2001 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	PEARLMAN, HERBERT M	
STREET ADDRESS	537 STEAMBOAT ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAIG, WALTER M JR	
STREET ADDRESS	2 BRIDGE AVENUE	
CITY-ST-ZIP	RED BANK NJ	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	VOLPE, DAVID	
STREET ADDRESS	5340 WEST KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAWI, DAVID S	
STREET ADDRESS	537 STEAMBOAT ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURPHY, DANIEL T.	
STREET ADDRESS	200 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Craig	
STREET ADDRESS	3507 East Frontage	
CITY-ST-ZIP	Suite 115, Tpa Fla 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DANIEL T.	
STREET ADDRESS	537 STEAMBOAT ROAD	
CITY-ST-ZIP	GREENWICH, CT 06830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter M. Craig

Pres

813-289-4711
X13

CR2E034 (10/00)