

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9300002773**

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90006 038 ***150.00

1. Entity Name

MEDICAL COMPLIANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1031 NW 6TH ST., SUITE E-2
GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 323 9227

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

DAVID FIRESTONE
1031 NW 6TH ST., SUITE E-2
GAINESVILLE, FL 32601

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 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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

First Fund Contribution: ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete

NAME **DAVID R. FIRESTONE**
STREET ADDRESS **1031 NW 6TH ST., SUITE E-2**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete

NAME **SCOTT D. SMITH**
STREET ADDRESS **1031 NW 6TH ST., SUITE E-2**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

David R. Firestone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. FIRESTONE

Date

8/1/00

Daytime Phone #

(352) 379 7560

CR2E034 (9/99)

(attachment)
Doc# P93000027731
D 0076063

David R. Firestone
President, Medical Compliance Services inc.
1031 NW 6th Street, Suite E-2
Gainesville, Florida 32601

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: EIN 59 323 9227

Dear Sir or Madam:

Please find enclosed the Universal Business Report for Medical Compliance Services inc. and filing fee. As owner of MCS the UBR and fee have been a part of my duties since incorporating in 1993.

I did not receive my usual UBR form in the mail this year, and did not realize until very recently that May 1 had long since past and I didn't recall writing the check for that filing fee.

I understand the importance of getting the UBR forms in by a certain date, and have always complied. Considering the circumstances, I hope that you can accept the enclosed payment for the filing fee. All future UBR forms will absolutely be in on time- if not very very early.

Sincerely,



David R. Firestone