

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-31-2000 90046 030 ***150.00

DOCUMENT # P93000041155

1. Entity Name

MEDICAL ASSISTED SERVICES, INC.

Principal Place of Business

Mailing Address

407 N. PARSONS AVE
SUITE 102A
BRANDON FL 33510-4537

PO BOX 778
SEFFNER FL 33583-0778
US

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

65-0415279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENSON, KLEBER H II
110 SHERYL LYNN DR.
BRANDON FL 33510

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

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

N/A

(NOTE: Registered Agent signature required when reinstating)

4-23-00
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STEPHENSON, KLEBER H II
STREET ADDRESS 110 SHERYL LYNN DR.
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

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

TITLE VD
NAME STEPHENSON, BARBARA
STREET ADDRESS 110 SHERYL LYNN DR.
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

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

TITLE AMD
NAME LUCAS, CHERYL
STREET ADDRESS 1204 VICTORIA ST
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Cheryl Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-15-00 813-654-8419
Date Daytime Phone #

CR2E034 (9/99)