

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056332

1. Entity Name
TOWER MEDICAL EQUIPMENT, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90161 039 ***150.00

Principal Place of Business

282 SHORT AVE.
#108
LONGWOOD FL 32750

Mailing Address

282 SHORT AVE.
#108
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3195708

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

7. Name and Address of New Registered Agent

DE ARMAS, PEDRO
503 SAN MARIE AVE
ALTAMONTE SPGS FL 32714

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DE ARMAS, PEDRO
STREET ADDRESS 503 SAN MARIE AVE
CITY-ST-ZIP ALTAMONTE SPGS FL 32714

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

TITLE D ☐ Delete
NAME DE ARMAS, DINORAH
STREET ADDRESS 503 SAN MARIE AVE
CITY-ST-ZIP ALTAMONTE FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 of Pedro de Armas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-00

Date

407-260-8166

Daytime Phone #

CR2103 11/5/03

Attachment
07/16/2000 05:33:32
D05B666

TOWER MEDICAL EQUIPMENT, INC
282 SHORT AVE. SUITE 108
LONGWOOD, FL. 32750

07/16/2000

FROM:

TOWER MEDICAL EQUIPMENT
282 SHORT AVE # 108
LONGWOOD FL 32750-4916
(407)-260-8166 contact Ana Gonzalez

TO:

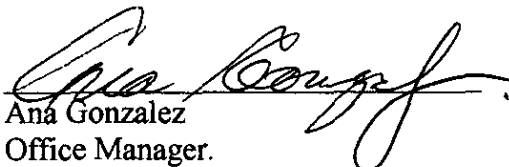
FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O BOX 6327 FL 32314

We received a late notice 07/08/2000 for not filing our 2000 annual corporation return. After reviewing our records we found that we had not received the original form to file. We were immediately concerned about the situation because We always receive the form, and have not moved the business since we started years ago. After speaking with someone at the Florida Department of State on 07/13/2000 we were advised to send a check for \$ 150 only, and an explanation of why we are filing late.

We appreciate your consideration of this matter and hope that the \$400.00 late fee be waived.

Please do not hesitate to call me at the phone number listed above.

Truly Yours


Ana Gonzalez
Office Manager.