2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90011 004 ***150.00

DOCUMENT #   **P93000063918**

1. Entity Name

DOCTOR EASY MEDICAL PRODUCTS CORPORATION

Principal Place of Business	Mailing Address
3032 BRAVO CT ORANGE PARK FL 32065 US	P. O. BOX 1717 ORANGE PARK FL 32067 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3206112

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, TEDDY J
~~921 BLANDING BLVD.~~
~~ORANGE PARK FL 32065~~

(ADDRESS OF)

7. Name and Address of New Registered Agent

Name

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

3146 NAUTILUS ROAD

City MIDDLEBURG   FL   Zip Code 32068

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 _Orville G. Elliott_   1/07/02

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 D NAME GARCIA, TEDDY J STREET ADDRESS 921 BLANDING BLVD. CITY-ST-ZIP ORANGE PARK FL 32065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME GARCIA, MARSHA E STREET ADDRESS 921 BLANDING BLVD. CITY-ST-ZIP ORANGE PARK FL 32065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME ELLIOTT, ORVILLE G STREET ADDRESS 4421 SADDLEHORN TRAIL CITY-ST-ZIP MIDDLEBURG FL 32068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/01)

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: _Orville G. Elliott_   1/7/02   904-276-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #