

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022844

1. Entity Name

CULLEN MEDICAL SUPPLIES, INC.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90271 001 ***300.00

Principal Place of Business

Mailing Address

4500 N HIATUS ROAD.. #211
SUNRISE FL 33351
US

4500 N HIATUS ROAD.. #211
SUNRISE FL 33351
US

2. Principal Place of Business

3624 W. Broward Blvd.

3. Mailing Address

3624 W. BROWARD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

US

Zip

33312

Country

US

4. FEI Number

65-0472517

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

MCCORMICK, WILLIAM C JR
4500 N HIATUS ROAD., #211
SUNRISE FL 33351

Name

MCCORMICK, WILLIAM C JR

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

3624 W. BROWARD BLVD

City

FT LAUDERDALE

FL

Zip Code

33312

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

William C. McCormick

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

(NOTE: Registered Agent signature required when reinstating)

1/8/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCCORMICK, WILLIAM C
STREET ADDRESS 4500 N HIATUS ROAD., #211
CITY-ST-ZIP SUNRISE FL 33351

TITLE PD ☒ Change ☐ Addition
NAME MCCORMICK, WILLIAM C
STREET ADDRESS 3624 W. BROWARD BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: William C. McCormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01
Date

(954) 747-7477
Daytime Phone #

CR2E034 (10/00)