

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000044996

1. Entity Name

STERILE RECOVERIES, INC.

FILED

00 JUN 20 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

28100 US Hwy 19 North
Suite 201
Clearwater, Florida 33761

Same

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

59-3252632

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

Richard T. Isel
28100 US Hwy 19 North
Suite 201
Clearwater, Florida 34621

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	☐ Delete
NAME	Isel, Richard T.	
STREET ADDRESS	3035 Turtlebrook	
CITY-ST-ZIP	Clearwater, Florida	
TITLE	VD	☐ Delete
NAME	Peterson, Wayne R.	
STREET ADDRESS	2779 Camden Road	
CITY-ST-ZIP	Clearwater, Florida	
TITLE	VSD	☐ Delete
NAME	Boosales, James T.	
STREET ADDRESS	2145 Glenbrook Close	
CITY-ST-ZIP	Palm Beach Gardens, Florida	
TITLE	PD	☒ Delete
NAME	Martin, Jr., Bertram T.	
STREET ADDRESS	2805 Parkland Blvd.	
CITY-ST-ZIP	Tampa, Florida	
TITLE	D	☐ Delete
NAME	Kemberling, Lee	
STREET ADDRESS	11500 47th Street N	
CITY-ST-ZIP	Clearwater, Florida 34622	
TITLE	D	☐ Delete
NAME	Emanuel, James M.	
STREET ADDRESS	120 4th Street	
CITY-ST-ZIP	Belleaire Beach, Florida 33786	

TITLE	D	☐ Change ☒ Addition
NAME	Heiman, Gary	
STREET ADDRESS	1 Knollcrest Dr.	
CITY-ST-ZIP	Cincinnati, OH 45237	
TITLE		☐ Change ☐ Addition
NAME	200003314462--S	
STREET ADDRESS	-07/06/00--01020--003	
CITY-ST-ZIP	*****8.75 *****8.75	
TITLE	VSD	☐ Change ☐ Addition
NAME	Boosales, James T.	
STREET ADDRESS	2145 Glenbrook Close	
CITY-ST-ZIP	Palm Harbor, Florida	
TITLE		☐ Change ☐ Addition
NAME	200003314462--S	
STREET ADDRESS	-07/06/00--01020--004	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ Change ☐ Addition
NAME	TS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roberta Rogers Controller

6/20/00

727 726 4421

SRI / SURGICAL EXPRESS™
STERILE RECOVERIES, INC.

28100 U.S. HWY. 19 NORTH, SUITE 201
CLEARWATER, FL 33761

TEL 727-726-4421
FAX 727-726-8959

Vape int'l

June 19, 2000

VIA FEDERAL EXPRESS

Division of Corporations
Registrations Section
409 East Gains Street
Tallahassee, Florida 32399

Re: Sterile Recoveries, Inc.

Dear Sir or Madame:

Enclosed is the 2000 Uniform Business Report for the above-referenced entity. We understand that this report was due with as of May 1, 2000, however the packet from your office was never received by the Corporation. Please accept this report along with the enclosed check in the amount of \$150.00 representing the State's annual fee.

Our understanding is that your office will determine whether or not late fees will be due, and in the event that those late fees are owed, you will contact us. If you have any questions, please contact me at (813) 870-2700. Thank you.

Sincerely,



Redonna Rogers
Controller

Enclosure