

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90123 023 ***150.00

DOCUMENT # P94000055765

1. Entity Name

HEALTH INFORMATION COPY SERVICE, INC.

Principal Place of Business

**4815 E. BUSH BLVD
 SUITE 208E
 TAMPA FL 33611
 US**

Mailing Address

**P.O. BOX 310027
 TAMPA FL 33680-0027
 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

59-3256646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SANTA-CRUZ, NANCY S
 1102 LITHIA-PINECREST ROAD
 BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **BONNA HARRELSON**
 Street Address (P.O. Box Number is Not Acceptable)
8914 E JEAN ST
 City **Tampa** FL Zip Code **33610**

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, 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

TITLE **DPST**
 NAME **SANTA-CRUZ, NANCY S** ☒ Delete
 STREET ADDRESS **1102 LITHIA-PINECREST ROAD**
 CITY-ST-ZIP **BRANDON FL**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
 NAME **BONNA HARRELSON** ☐ Change ☒ Addition
 STREET ADDRESS **8914 E JEAN ST**
 CITY-ST-ZIP **Tampa FL 33610**

TITLE
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 #

CR2E034 (9/01)