

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90016 002 ***150.00

DOCUMENT # P94000059491

1. Entity Name
MEDICAL DEVICE DESIGNS, INC.

Principal Place of Business

**6236 147TH AVE N.
 CLEARWATER FL 33760
 US**

Mailing Address

**6236 147TH AVE N.
 804
 CLEARWATER FL 33760
 US**

2. Principal Place of Business

546 CRYSTAL DR

Suite, Apt. #, etc.

3. Mailing Address

36181 EAST LAKE ROAD # 268

Suite, Apt. #, etc.

City & State

MADEIRA BEACH, FL

City & State

PALM HARBOR, FL

Zip

33708-2373

Country

US

Zip

34685

Country

US

4. FEI Number

59-3261294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MASON & ASSOCIATES

17757 U.S. HWY 19, N., MANGROVE BAY

SUITE 500

CLEARWATER FL 34624

7. Name and Address of New Registered Agent

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, 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 **DPT** ☐ Delete
 NAME **JOHNS, OWEN**
 STREET ADDRESS **6236 147TH AVE N**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **DVS** ☐ Delete
 NAME **NORCIA, MICHAEL A**
 STREET ADDRESS **6236 147TH AVE N**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
 NAME **JOHNS, OWEN L.**
 STREET ADDRESS **546 CRYSTAL DR**
 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **DVS** ☒ Change ☐ Addition
 NAME **NORCIA, MICHAEL A.**
 STREET ADDRESS **3013 AARON CREEK DR**
 CITY-ST-ZIP **TAMPA SPRINGS, FL 34688**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

MICHAEL A. NORCIA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
 Date

727-538-5439
 Daytime Phone #

CR2E034 (9/01)