

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059491

1. Entity Name

MEDICAL DEVICE DESIGNS, INC



FILED

04 JAN 12 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

546 CRYSTAL DR

3. Mailing Address

546 CRYSTAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 03-04 NOP

City & State

MADEIRA BEACH FL

City & State

MADEIRA BEACH FL

4. FEI Number

59-3261294

Applied For

Not Applicable

Zip

33708

Country

US

Zip

33708

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

OWEN L JOHNS

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

546 CRYSTAL DR

MADEIRA BEACH

City

FL

Zip Code

33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Owen L. Johns

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

(NOTE: Registered Agent signature required when reinstating)

12-17-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
OWEN L JOHNS
546 CRYSTAL DR
MADEIRA BEACH, FL, 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500025696015
12/23/03--01004--011 **750.00

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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Owen L. Johns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWEN L JOHNS

12/17/03

727 392 7008

Date

Daytime Phone #

CR2E034B (12/02)