

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-06-2002 90049 007 ***150.00

DOCUMENT # P94000086614

1. Entity Name
ALL FLORIDA MEDICAL SUPPLIES, INC.

Principal Place of Business

140 N.E. 4 AVE
SUITE A
DELRAY BEACH FL 33483
US

Mailing Address

140 N.E. 4 AVE
SUITE A
DELRAY BEACH FL 33483
US

2. Principal Place of Business

3. Mailing Address

ALL FLORIDA MEDICAL SUPPLIES
 Suite, Apt. #, etc.
140 N.E. 4TH AVE. SUITE A
DELRAY BEACH, FL 33483
 City & State

ALL FLORIDA MEDICAL SUPPLIES
 Suite, Apt. #, etc.
140 N.E. 4TH AVE. SUITE A
DELRAY BEACH, FL 33483
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0536636**

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

MARTINI, WILLIAM C
605 N.W. 7 STREET
DELRAY BEACH FL 33444

Name

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

ALL FLORIDA MEDICAL SUPPLIES
140 N.E. 4TH AVE. SUITE A

City

DELRAY BEACH, FL 33483 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]

1-21-2

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINI, WILLIAM C	
STREET ADDRESS	605 N.W. 7 ST	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2 5612720207

CR2E034 (9/01)