

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000090017**

1. Entity Name:
MED PRO SERVICES INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90015 031 ***150.00

771948



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**851 W. HWY 436
1061
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**P.O. BOX 160516
ALTAMONTE SPRINGS FL 32716-0516
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 **59-3294903**

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

**COLUMBRO, ROSA
1698 MARKHAM GLEN CIR
LONGWOOD FL 32779**

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.

(NOT

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, 2001 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 ☐ Delete
NAME **DV**
STREET ADDRESS **COLUMBRO, ROSA**
CITY-ST-ZIP **PO BOX 160516 ((N/A))
ALTAMONTE SPRINGS FL 32716-0516**

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

TITLE ☐ Delete
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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 I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed this report, 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 #

Rosa Columbro
Rosa Columbro
4-20-01
407-333-2004

CR2E034 (10/00)