

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90114 028 ***150.00

80002010



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000029935

1. Entity Name
VENICE MEDICAL & SUPPLY INC.

Principal Place of Business

1865 SO. TAMiami TR.
 VENICE FL 34293

Mailing Address

1865 SO. TAMiami TR.
 VENICE FL 34293-3137
 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 **65-0574116**

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

SHEARL, C. W
280 SANTA MARIA STREET
VENICE FL 34285

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, 2000 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** ☐ Delete
NAME **SHEARL, C. A**
STREET ADDRESS **280 SANTA MARIA**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **PS** ☐ Delete
NAME **SHEARL, C. A**
STREET ADDRESS **280 SANTA MARIA**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **VPT** ☐ Delete
NAME **SHEARL, COWAN W**
STREET ADDRESS **280 SANTA MARIA**
CITY-ST-ZIP **VENICE FL 34285**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby c
 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: *C. W. Shearl* **1-4-2000 1-94/4974545**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)