

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047914

1. Entity Name

MEDCO SUPPLY, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90008 001 ***550.00

Principal Place of Business

6385 PRESIDENTIAL CT
106
FT MYERS FL 33919
US

Mailing Address

6385 PRESIDENTIAL CT
106
FT MYERS FL 33919
US

2. Principal Place of Business

12773 Forest Hill Blvd.
Suite, Apt. #, etc.
Suite 102A
City & State
West Palm Beach

3. Mailing Address

12773 Forest Hill Blvd.
Suite, Apt. #, etc.
Suite 102A
City & State
West Palm Beach



DO NOT WRITE IN THIS SPACE

Zip

33414

Country

US

Zip

33414

Country

US

4. FEI Number

65-0589110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, LANE
651 ASTARIAS CIRCLE
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Suess, Oliver

Street Address (P.O. Box Number is Not Acceptable)
12740 Spinnaker Lane

City West Palm Beach FL

Zip Code 33414

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: Oliver C. Suess

Oliver Suess 7/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS ☒ Delete
NAME GOODMAN, LANE
STREET ADDRESS 651 ASTARIAS CIRCLE
CITY-ST-ZIP FT MYERS FL

TITLE VPT ☒ Delete
NAME GOODMAN, SOPHIE L
STREET ADDRESS 651 ASTARIAS CIRCLE
CITY-ST-ZIP FT MYERS FL

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 P ☒ Change ☐ Addition
NAME Oliver Suess
STREET ADDRESS 12773 Forest Hill Blvd.
CITY-ST-ZIP West Palm Beach, FL 33414 Ste. 102A

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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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: Oliver C. Suess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oliver Suess 7/13/00 (561) 790-7940

Date

Daytime Phone #