

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060338

1. Entity Name

SWEETWATER MEDICAL, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90028 007 ***150.00

Principal Place of Business

Mailing Address

2620 SW 17TH RD.
SUITE 200
OCALA FL 34474
US

89015 OVERSEAS HIGHWAY
SUITE 3
TAVERNIER FL 33070-9720

2. Principal Place of Business

3. Mailing Address

P O Box 9720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tavernier, FL

4. FEI Number

65-0598837

Applied For

Not Applicable

Zip

Country

33070-9720

Country

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

WEST, CLEVELAND D
89015 OVERSEAS HIGHWAY
SUITE 3
TAVERNIER FL 33070

Name

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

87899 Overseas Highway

City
Islamorada

FL

Zip Code
33036

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/00
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME DOYLE, ROBERT E.
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 87899 Overseas Highway
CITY-ST-ZIP Islamorada, FL 33036

TITLE VD ☐ Delete
NAME BATTREALL, CATHY C.
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 87899 Overseas Highway
CITY-ST-ZIP Islamorada, FL 33036

TITLE P ☐ Delete
NAME WEST, CLEVELAND D.
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 87899 Overseas Highway
CITY-ST-ZIP Islamorada, FL 33036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 305-852-4393

CR2E034 (9/99)