

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90043 028 \*\*\*150.00

DOCUMENT # P95000064040

1. Entity Name  
**OTIS MEDICAL PRODUCTS, INC.**

Principal Place of Business <del>1000 BLUEFIELD LAKE          TALLAHASSEE FL 32308</del>	Mailing Address <del>2929 BLUEFIELD LAKE          TALLAHASSEE FL 32308-8210</del>
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00043373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <del>1626 Broken Oak Ln          Suite, Apt. #, etc.</del>		3. Mailing Address <del>1626 Broken Oak Ln          Suite, Apt. #, etc.</del>	
City & State <del>SUGARLAND, TX.</del>		City & State <del>SUGARLAND, TX</del>	
Zip <del>77479</del>	Country <del>USA</del>	Zip <del>77479</del>	Country <del>USA</del>

4. FEI Number <b>59-3336241</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**BLACK, JOHN W**  
**906 THOMASVILLE ROAD**  
**TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTIS, JACQUELINE R 2727 BLUEFIELD LN TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVELYN OTIS 2626 BROKEN OAK SUGARLAND TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN OTIS, JR. 205 SW 75TH ST APT 7C GAINSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>1626 Broken Oak Ln          SUGARLAND, TX 77479</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>1626 Broken Oak Ln.</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>3352 Town Walk Dr          Hamden, CT 06517</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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) \_\_\_\_\_ (Typed Name)  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/99)