

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082793

1. Entity Name
MEDI-PRODUCTS, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90019 036 ***150.00

Principal Place of Business
3217 HEARTHSTONE CT.
HOLIDAY FL 34691

Mailing Address
3217 HEARTHSTONE CT.
HOLIDAY FL 34691

2. Principal Place of Business
454 EDEN BAY DR.
Suite, Apt. #, etc.

3. Mailing Address
454 EDEN BAY DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES

City & State
NAPLES

4. FEI Number 59-3342186

Applied For
Not Applicable

Zip
34110

Country
U.S.A.

Zip
34110

Country
U.S.A.

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

JOHNSON, PATRICIA C
3217 HEARTHSTONE CT.
HOLIDAY FL 34691

Name JOHNSON, PATRICIA C.
Street Address (P.O. Box Number is Not Acceptable)
454 EDEN BAY DR.

City NAPLES FL Zip Code 34110

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 PATRICIA C. JOHNSON Patricia C Johnson

DATE 2/13/01

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, 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 D ☐ Delete
NAME JOHNSON, LARRIE L
STREET ADDRESS 3217 HEARTHSTONE CT.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 454 EDEN BAY DR
CITY-ST-ZIP NAPLES FL 34110

TITLE D ☐ Delete
NAME JOHNSON, PATRICIA C
STREET ADDRESS 3217 HEARTHSTONE CT.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☒ Change ☐ Addition
NAME
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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: LARRIE L JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-13-01 (941)2541120
Daytime Phone #

CR2E034 (10/00)