

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086785

1. Entity Name
MED-ZONE INC.

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

01-19-2000 90206 043 ***158.75

Principal Place of Business
2265 TAMiami TR
E
PORT CHARLOTTE FL 33952
US

Mailing Address
2265 TAMiami TR
E
PORT CHARLOTTE FL 33952-3947
US

2. Principal Place of Business
2400-B Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
2400-B Tamiami Trail
Suite, Apt. #, etc.

City & State
Port Charlotte, Fl.

City & State
Port Charlotte, Fl.

Zip
33952

Country
USA

Zip
33952

Country
USA

4. FEI Number **65-0642305**

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

LUKSHA, JOSEPH M
1081 ALTON RD
PORT CHARLOTTE FL 33952

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 Joseph M. Luksha President 11 Jan 2000
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
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 **LUKSHA, JOSEPH M**
STREET ADDRESS **1081 ALTON RD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ Delete
NAME **LUKSHA, ELIZABETH A**
STREET ADDRESS **1081 ALTON RD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete
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: Joseph M. Luksha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 2000 941-764-9566
Date Daytime Phone #

CR2E034 (9/99)