

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000086785**

1. Entity Name
MED-ZONE INC.



Principal Place of Business
**2400-B TAMiami TRAIL
PORT CHARLOTTE FL 33952
US**

Mailing Address
**2400-B TAMiami TRAIL
PORT CHARLOTTE FL 33952
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

12. 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 10 or Block 11 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

Joseph M. Luksha

14 Jan 2003

941.764.9566

Date

Daytime Phone #



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)



Attachment
MED-ZONE, INC.

Independent Provider of Home & Institutional Medical Equipment & Supplies
www.medzoneinc.com

80039283

20 February 2003

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Document # P95000086785

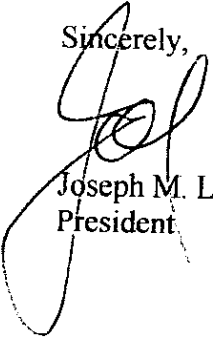
To Whom This My Concern,

Enclosed is a reissued check with the correct numeric and written amounts as requested in your letter dated 27 Jan 2003.

If you have any questions please feel free to call using our toll free number 800-808-4321.

Thank you again for bring this error to our attention.

Sincerely,


Joseph M. Luksha Jr.
President