2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90235 031 ***158.75

DOCUMENT # P95000086785

1. Entity Name
MED-ZONE INC.

Principal Place of Business	Mailing Address
2400-B TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US	2400-B TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US

☐ CHECK HERE IF MAKING CHANGES

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

LUKSHA, JOSEPH M
1081 ALTON RD
PORT CHARLOTTE FL 33952

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

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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] Joseph M. Luksha — 14 Jan 2003 — 941.764.9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

MED-ZONE, INC.

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

800039283

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

+ 2400-B Tamiami Trail Port Charlotte, FL 33952 + 941-764-9566+ FAX: 941-764-0430+ 800-808-4321