

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000087300

FILED
Feb 08, 2003
Secretary of State

Entity Name: TAMPA MEDICAL SUPPLY, INC.

Current Principal Place of Business:

601 S FALKENBURG RD
1-3
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 908
BRANDON, FL 335090908 US

New Mailing Address:

FEI Number: 59-3366302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMBOR, GREG
2219 HIGH POINT DRIVE
BRANDON, FL 33511

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAMBOR, GREG
Address: 2219 HIGH POINT DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: GRAMBOR, DIANE
Address: 2219 HIGH POINT DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRAMBOR, DIANE M
Address: 2219 HIGH POINT DR.
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG GRAMBOR

PRES

02/08/2003

Electronic Signature of Signing Officer or Director

Date