

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088349

1. Entity Name
CYTO MERIDIAN INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90157 036 ***550.00

Principal Place of Business

5519 EIGHTH STREET. SW
LEHIGH ACRES FL 33971

Mailing Address

5519 EIGHTH STREET. SW
LEHIGH ACRES FL 33971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0635987

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BANKERS, ROBERT
205 E JOEL BLVD HD
LEHIGH ACRES FL 33972~~

Name J.A. Mitchell
Street Address (P.O. Box Number is Not Acceptable)
5519 8th St SW
City Lehigh Acres FL Zip Code 33971

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS CORNELL, PAUL
CITY-ST-ZIP 2750 GULFSHORE BLVD. N, #601
NAPLES FL

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

TITLE ☐ Delete
NAME V.
STREET ADDRESS WARNER, ROY
CITY-ST-ZIP 1376 ARCHER ST #8
LEHIGH ACRES FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS MICHELL, ADRIAN
CITY-ST-ZIP ~~5137 HEMINGWAY CIRCLE, #3205~~
~~NAPLES FL 34110~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6618 Cutty Sark Lane
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete
NAME P
STREET ADDRESS MITCHELL, J A
CITY-ST-ZIP 2152 PADGET CIR
NAPLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00 941-369-1194
Date Daytime Phone #

CR2E034 (5/00)