

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000010559**

1. Entity Name

MEDLITE, INC.**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90059 044 ***150.00

Principal Place of Business

**575 INTERSTATE BLVD
SARASOTA FL 34240**

Mailing Address

**575 INTERSTATE BLVD
SARASOTA FL 34240-8958**

2. Principal Place of Business

579 INTERSTATE BLVD

Suite, Apt. #, etc.

3. Mailing Address

579 INTERSTATE BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

Zip

34240

Country

City & State

SARASOTA, FL

Zip

34240

Country

4. FEI Number

65-0642494

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BENDEL, DOUGLAS
306 VENICE GOLF & COUNTRY CLUB BLVD
VENICE FL 34292****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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	BENDEL, DOUGLAS	
STREET ADDRESS	306 VENICE GOLF & CC BLVD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENDEL, JAMES	
STREET ADDRESS	2905 87TH AVE E.	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHOOK, SHERYL	
STREET ADDRESS	4004 ASPEN LEAF WAY	
CITY-ST-ZIP	VALRICO FL 33569	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENDEL, KRISTIN	
STREET ADDRESS	306 VENICE GOLF & CC BLVD	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SHERYL L. SHOOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/24/00**
Date**(941) 379-4479**
Daytime Phone #