

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027406

1. Entity Name

MEDICAL STORE I.V., INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90066 042 ***150.00

Principal Place of Business

321 E GEORGIA AVE
LONGWOOD FL 32750
US

Mailing Address

321 E GEORGIA AVE
LONGWOOD FL 32750-4315
US

2. Principal Place of Business

3. Mailing Address

215 North Eola Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, Florida

4. FEI Number

59-3369793

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROY, DAVID R P.A.
4201 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Julia L. Frey

Street Address (P.O. Box Number is Not Acceptable)

215 North Eola Drive

City

Orlando, Florida

FL

Zip Code

32802

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

Julia L. Frey

2/8/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROY, WILFRED J III 429 BAYTREE LANE LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SHEPHERD, JOSEPH C 1034 AUTUMN LEAF DR WINTER GARDENS FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Roy, Wilfred J III 1832 Misty Morn Place Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Shepherd

2/4/00

Date

Daytime Phone #

(407) 877-8054

CR2E034 (9/99)