

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90211 008 ***150.00

DOCUMENT # P96000044890

1. Entity Name

SOURCE VASCULAR, INC.

Principal Place of Business

Mailing Address

612 FLORIDA AVE
 PALM HARBOR FL 34683
 US

PO BOX 2010
 PALM HARBOR FL 34682-2010
 US

2. Principal Place of Business

3. Mailing Address

8946 OLD PASCO RD

8946 OLD PASCO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESLEY CHAPEL, FL

WESLEY CHAPEL, FL

Zip

Zip

Country

Country

33544 USA

33544

4. FEI Number

59-3388677

Applied For

Not Applicable

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

HOWARD, SUSAN B
 612 FLORIDA AVE
 PALM HARBOR FL 34683

Name

SANDRA MCCARTHY

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

8946 OLD PASCO RD

City

WESLEY CHAPEL

State

FL

Zip

33544

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

Sandra B. McCarthy

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS	
STREET ADDRESS	8946 OLD PASCO RD	
CITY-ST-ZIP	612 FLORIDA AVE PALM HARBOR, FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA MCCARTHY	
STREET ADDRESS	8946 OLD PASCO RD	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS MCCARTHY	
STREET ADDRESS	8946 OLD PASCO RD	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 913-954-0271

CR2E034 (9/99)