

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055676

1. Entity Name

THERAPEUTIC WHEELCHAIR SPECIALIST, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90003 004 \*\*\*150.00

Principal Place of Business

Mailing Address

279 INTERSTATE CT  
SARASOTA FL 34240

279 INTERSTATE CT  
SARASOTA FL 34232-2842  
US

2. Principal Place of Business

5920 PALMER BLVD  
Suite, Apt. #, etc.

3. Mailing Address

5920 PALMER BLVD  
Suite, Apt. #, etc.

City & State

SARASOTA, FL 34232  
Zip 34232 Country USA

City & State

SARASOTA, FL  
Zip 34232 Country USA

4. FEI Number

65-0677972

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

MARSH, JAMES P  
4190 DRAKESWOOD CIRCLE  
SARASOTA FL 34232

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 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 MARSH, JAMES P  
CITY-ST-ZIP 4190 DRAKESWOOD CIRCLE  
SARASOTA FL 34232

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 #

CR2E034 (9/99)