

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058596

1. Entity Name

MEDNET CONSULTING, INC.

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

04-12-2000 90147 030 ***150.00

Principal Place of Business
910 PINELLAS BAYWAY
SUITE 203
TIERRA VERDE FL 33715
US

Mailing Address
910 PINELLAS BAYWAY
SUITE 203
TIERRA VERDE FL 33715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3432172

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

NEAL, A R
13577 FEATHER SOUND DRIVE #300
CLEARWATER FL 34622

Name
William Bouwmeester

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

910 Pinellas Bayway

Suite 203

City
Tierra Verde

FL

Zip Code

33715

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)

4/25/00

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 3, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOUWMEESTER, WILLIAM E.
910 PINELLAS BAYWAY #203
TIERRA VERDE FL 33715

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~BOUWMEESTER, WILLIAM E.~~

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

727-867-0900

Daytime Phone #