

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081768

1. Entity Name

MEDICAL ADVISORY SERVICES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90024 033 ***150.00

Principal Place of Business

2435 HOLLYWOOD BLVD
SUITE 204
HOLLYWOOD FL 33020
US

Mailing Address

2435 HOLLYWOOD BLVD
SUITE 204
HOLLYWOOD FL 33020-6635
US

2. Principal Place of Business

2514 Hollywood Blvd

Suite, Apt. #, etc.

Suite 508

City & State

Hollywood, FL

Zip

33020

Country

Broward

3. Mailing Address

2514 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 508

City & State

Hollywood, FL

Zip

33020

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0698757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEWETT, CHARLES E
2435 HOLLYWOOD BLVD
SUITE 204
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Jewett, Charles

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

2514 Hollywood Blvd.

Suite 508

City

Hollywood

FL

Zip Code

33020

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)

1/16/00

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 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	P	<input type="checkbox"/> Delete
NAME	EDWARD JEWETT	
STREET ADDRESS	2435 HOLLYWOOD BLVD #204	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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
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	Edward Jewett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2514 Hollywood Blvd #508	
STREET ADDRESS	Hollywood, FL 33020	
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		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

954 922 5885

Daytime Phone #

CR2E034 (9/99)