

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101585

1. Entity Name

FLORIMED HEALTH GROUP, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90212 048 ***150.00

Principal Place of Business

Mailing Address

3105 W WATERS AVE
STE 107
TAMPA FL 33614

3105 W WATERS AVE
STE 107
TAMPA FL 33614-2846

2. Principal Place of Business

15611 N. FLORIDA AV

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-4

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33613

United States

4. FEI Number

59-3419368

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

DIARCO, ROBERT F CPA
3440 E LAKE RD, #104
PALM HARBOR FL 34685

Name

CHUCK BROOKS

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

6800 N. DUNE MOBY HWY #100

City

TAMPA

FL

Zip Code

33614

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.

AMERICAN ENTERPRISE CORP.

SIGNATURE CHUCK BROOKS CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STUEBE, JAMES E
STREET ADDRESS 1005 SUNSET DRIVE, #100
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DIRECTOR
NAME CHUCK BROOKS
STREET ADDRESS 6800 N. DUNE MOBY HWY #100
CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME C.C. MCKINLEY
STREET ADDRESS 6800 N. DUNE MOBY HWY #100
CITY-ST-ZIP TAMPA, FL 33614

TITLE
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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:

JAMES E. Stuebe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

813 287-9998

Daytime Phone #

CR2E034 (9/99)