

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90001 031 ***150.00

DOCUMENT # P97000010430

1. Entity Name **MEDICAL RESOURCES UNLIMITED, INC.**

Principal Place of Business
195 WEKIVA SPRINGS ROAD
SUITE 209
LONGWOOD FL 32779
US

Mailing Address
195 WEKIVA SPRINGS ROAD
SUITE 209
LONGWOOD FL 32779-2366
US

mis-type



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

195 Wekiva Spr. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3436966**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LEISTNER, CINDY
317 VALLEY DRIVE
LONGWOOD FL 32779

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 **P** ☐ Delete
 NAME **CYNTHIA A LEISTNER**
 STREET ADDRESS **317 VALLEY DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
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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: *Cynthia Leistner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 *407-869-1114*
 Date Daytime Phone #