

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90038 035 ***150.00

DOCUMENT # P97000035368

1. Entity Name

ALLMED FINANCIAL SERVICES, INC.

Principal Place of Business

251 EAST OLYMPIA AVENUE
SUITE #A
PUNTA GORDA FL 33950

Mailing Address

251 EAST OLYMPIA AVENUE
SUITE #A
PUNTA GORDA FL 33950

2. Principal Place of Business

2421 SHREVE ST

3. Mailing Address

2421 SHREVE ST

Suite, Apt. #, etc.

113

Suite, Apt. #, etc.

113

City & State

Punta Gorda FL

City & State

Punta Gorda FL

Zip

33950

Country

USA

Zip

33950

Country

4. FEI Number 65-0749053

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

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

M. Harfst

1-29-01

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, 2001 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 DPST
NAME HARFST, MARY
STREET ADDRESS 251 EAST OLYMPIA AVENUE, #1
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)