

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037290

1. Entity Name
EVERY MEDICAL SUPPLY, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90015 004 ***150.00

Principal Place of Business

Mailing Address

7830 NW 44 ST.
FORT LAUDERDALE FL 33351
US

7830 NW 44 ST.
FORT LAUDERDALE FL 33351
US

940091

2. Principal Place of Business

9877 NW 24 PL.

3. Mailing Address

589 S. Main ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

MOULTRIE, GA

4. FEI Number

65-0748429

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

31768

Country

USA

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

AMERICAN CORPORATIONS UNLIM.
3270 NE 33 STREET
FT LAUDERDALE FL 33308

Name **Margaret E. Joiner**

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

9877 NW 24 PLACE

City

SUNRISE

Zip Code

33322

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

Margaret E. Joiner

Margaret E. Joiner 4-10-01

Signature, or 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. ☐

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 **PSD** ☐ Delete
NAME **JOINER, MARGARET E**
STREET ADDRESS **C/O 3270 NE 33 STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **PSD** ☒ Change ☐ Addition
NAME **margaret E. Joiner** (address only)
STREET ADDRESS **9877 NW 24 PL**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Vice Pres.**
STREET ADDRESS **Betty J. Castillo**
CITY-ST-ZIP **1311 Tallo Kas ST**
MOULTRIE, GA 31768

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Betty J. Castillo **Betty J. Castillo**

4-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)