

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047957

1. Entity Name

A SENSIBLE SOLUTION DURABLE MEDICAL EQUIPMENT CO

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90014 026 ***150.00

Principal Place of Business

Mailing Address

4119 GUNN HIGHWAY
SUITE 20B
TAMPA FL 33624

POST OFFICE BOX 982
ODESSA FL 33556-0982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3451004

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

PLATTEIS, GARY S
17861-D LAKE CARLTON DR.
LUTZ FL 33549

Name

PLATTEIS, GARY S.

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

4119 Gunn Hwy Ste. 20B

City

Tampa

FL

Zip Code

33624

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	PTD	<input type="checkbox"/> Delete
NAME	PLATTEIS, GARY S	
STREET ADDRESS	17861 D LAKE CARLTON DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	V	<input type="checkbox"/> Delete
NAME	PLATTEIS, JACOB D	
STREET ADDRESS	17861 D LAKE CARLTON DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLATTEIS, JENNIE	
STREET ADDRESS	5806 GRAND HARBOUR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATTEIS, GARY S	
STREET ADDRESS	4119 Gunn Hwy Ste. 20B	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATTEIS, JACOB D.	
STREET ADDRESS	4119 Gunn Hwy Ste. 20B	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATTEIS, Jennie	
STREET ADDRESS	4119 Gunn Hwy Ste 20B	
CITY-ST-ZIP	Tampa, FL 33624	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY S. PLATTEIS

Date

4-17-2000

Daytime Phone #

813-269-8049

CR2E034 (9/99)