

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000047957

FILED
Mar 06, 2003
Secretary of State

Entity Name: A SENSIBLE SOLUTION DURABLE MEDICAL EQUIPMENT CORPORATION

Current Principal Place of Business:

4119 GUNN HIGHWAY
STE 22
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 982
ODESSA, FL 33556

New Mailing Address:

POST OFFICE BOX 15461
TAMPA, FL 33684

FEI Number: 59-3451004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATTEIS, GARY S
4119 GUNN HWY
STE 22
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PLATTEIS, GARY S
Address: 4119 GUNN HWY STE 22
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: PLATTEIS, JACOB D
Address: 4119 GUNN HWY STE 22
City-St-Zip: TAMPA, FL 33624

Title: ST () Delete
Name: PLATTEIS, JENNIE
Address: 4119 GUNN HWY STE 22
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PLATTEIS, GARY S
Address: 4119 GUNN HWY STE 22
City-St-Zip: TAMPA, FL 33624

Title: V (X) Change () Addition
Name: PLATTEIS, JACOB D
Address: 4119 GUNN HWY STE 22
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S. PLATTEIS

P

03/06/2003

Electronic Signature of Signing Officer or Director

Date