

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078724

1. Entity Name

AGILITY MEDICAL, INC.

Principal Place of Business

479 HAVEN CT DR.
SAINT PETERSBURG FL 33706

Mailing Address

479 HAVEN CT DR.
SAINT PETERSBURG FL 33706

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 59-3466926

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

LAYNE, JOAN A

15643 INDIAN QUEEN DRIVE
ODESSA FL 33556-3012

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, 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	D	<input type="checkbox"/> Delete
NAME	LAYNE, JOAN A	
STREET ADDRESS	15643 INDIAN QUEEN DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-3012	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAYNE, JOHN G	
STREET ADDRESS	15643 INDIAN QUEEN DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JOHN G LAYNE PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2001 727-263-4239

Date

Daytime Phone #

CR2E034 (10/00)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90013 044 ***150.00



DO NOT WRITE IN THIS SPACE