

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000081417

1. Entity Name

Interactive Healthcare Technologies, Inc.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90121 025 \*\*\*150.00

Principal Place of Business

Mailing Address

Lake Mary, FL

Lake Mary, FL

2. Principal Place of Business

3. Mailing Address

757 Silversmith Circle

757 Silversmith Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Mary, FL

Lake Mary, FL

Zip

Country

Zip

Country

32746

USA

32746

USA

4. FEI Number

593473917

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

Mark A. Buckles

757 Silversmith Circle

Lake Mary, FL 32746

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, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President & Director  
Mark A. Buckles  
757 Silversmith Circle  
Lake Mary, FL 32746 ☐ Delete

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

TITLE  
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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:

Mark A. Buckles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000  
Date

(407) 324-5716  
Daytime Phone #

CR2E034 (9/99)