

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098469

1. Entity Name

DRS DIAGNOSTICS, INC.

FILED

Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 014 ***150.00

Principal Place of Business

Mailing Address

116 CLIFTON RD
HOLLYWOOD FL 33023

116 CLIFTON RD
HOLLYWOOD FL 33023

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 65-0811574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

HARKINS, TAMERA L
116 CLIFTON RD
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME HARKINS, TAMERA L
STREET ADDRESS 116 CLIFTON RD
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Tamera L. Harkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
0# P97003 098469

Tamara Harkins
116 Clifton Road
Hollywood, FL 33020

Tax ID # 65-0811574

DRS DIAGNOSTICS, INC.

July 21, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is regarding the Uniform Business Report. This bill was previously paid back in February of this year. Our records indicate that check number 2529 for a \$150.00 was mailed on 2/29/00. Obviously this check was lost in the mail. Our accountant has confirmed the check has never been cashed as of this date. I am enclosing a replacement check for \$150.00 to full satisfy any outstanding balance. In the event my original check is received, please return it to the above address. If you have any further questions or concerns, please do not hesitate to contact me at 561-893-0649. Thank you.

Sincerely,



Tamara Harkins