

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91622 011 ***150.00

DOCUMENT # P97000106207

1. Entity Name
TECH STAR MEDICAL, INC.

Principal Place of Business

**7597 CORTEZ BLVD.
 SPRING HILL FL 34607**

Mailing Address

**7597 CORTEZ BLVD.
 SPRING HILL FL 34607**

2. Principal Place of Business

7379 COMMERCIAL WAY

Suite, Apt. #, etc.

3. Mailing Address

7379 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip

34613

Country

USA

Zip

34613

Country

USA

4. FEI Number

59-3485828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TATE, ROBERT J
 8358 DUNNELION RD
 BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name **ROBERT J. TATE**

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

8516 HEATHEN BLVD.

City

WEEKI WACHNE

FL

Zip Code

34613

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 *Robert J. Tate*

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, 2002 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

TITLE **DPST** ☐ Delete
 NAME **TATE, ROBERT J**
 STREET ADDRESS **8358 DUNNELION RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **8516 HEATHEN BLVD**
 STREET ADDRESS **WEEKI WACHNE FL 34613**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: *Robert J. Tate* **ROBERT TATE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)