

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 11, 2000 8:00 am
Secretary of State
 04-11-2000 90001 034 ***150.00

DOCUMENT # P97000106590

1. Entity Name

STEN-BARR MEDICAL EQUIPMENT, INC.

Principal Place of Business

14350 CARLSON CIR
 TAMPA FL 33626

Mailing Address

14350 CARLSON CIR
 TAMPA FL 33626-3003

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3344100

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

STENBERG, ANDREW T
14350 CARLSON CIR
TAMPA FL 33626

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 *John W. Barr* **John W. Barr**

Signature, typed or printed name of registered agent and wife if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-00

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 | PS Pres. | <input type="checkbox"/> Delete |
| NAME | STENBERG, ANDREW | |
| STREET ADDRESS | 2187 OAK FORREST LANE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | VPT V Pres | <input type="checkbox"/> Delete |
| NAME | BARR, JOHN W | |
| STREET ADDRESS | 18305 CYPRESS VIEW WAY | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | John A. Joiner | <input type="checkbox"/> Delete |
| NAME | Sec | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 31177 US Hwy 19N #1509 | |
| STREET ADDRESS | Palm Harbor, FL 34684 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 17816 Willow Lake Dr. | |
| STREET ADDRESS | Odessa, FL 33556 | |
| CITY-ST-ZIP | | |
| TITLE | John A. Joiner | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 515 Newport Dr | |
| STREET ADDRESS | Indianapolis, FL 32903 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

Daytime Phone #

CR2E034 (9/99)