

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

0088791

DOCUMENT # P98000009816

1. Entity Name
MEDFORMS, INC.

04-19-2001 90023 029 ***150.00

Principal Place of Business
**4407 VINELAND ROAD - SUITE D-9
ORLANDO FL 32811**

Mailing Address
**4407 VINELAND ROAD - SUITE D-9
ORLANDO FL 32811**

2. Principal Place of Business
4303 Vineland Rd
Suite, Apt. #, etc.
Suite F2
City & State
Orlando, FL
Zip
32811

3. Mailing Address
4303 Vineland Rd.
Suite, Apt. #, etc.
Suite F2
City & State
Orlando, FL
Zip
32811



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3488144** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZETENA, ROBERT T
13363 SUNSET LAKES CIRCLE
WINTER GARDEN FL 32787**

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: _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	LELLYO, MICHELE ANN	
STREET ADDRESS	13482 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDENS FL 34783	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZETENA, CRAIG MICHAEL	
STREET ADDRESS	13363 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDENS FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZETENA, LORETTA MARY	
STREET ADDRESS	13363 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 **407-426-9149**
Date Daytime Phone #

CR2E034 (10/00)