

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90054 001 \*\*\*150.00

0102524 AV

**DOCUMENT # P98000009816**

1. Entity Name  
**MEDFORMS, INC.**

Principal Place of Business  
**4303 VINELAND ROAD**  
**SUITE F2**  
**ORLANDO FL 32811**

Mailing Address  
**4303 VINELAND ROAD**  
**SUITE F2**  
**ORLANDO FL 32811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3488144**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **LELLO, MICHELE ANN**  
 STREET ADDRESS **13482 SUNSET LAKES CIRCLE**  
 CITY-ST-ZIP **WINTER GARDENS FL 34783**

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

TITLE **D** ☐ Delete  
 NAME **ZETENA, CRAIG MICHAEL**  
 STREET ADDRESS **13363 SUNSET LAKES CIRCLE**  
 CITY-ST-ZIP **WINTER GARDENS FL 34787**

TITLE ☒ Change ☐ Addition  
 NAME **D ZETENA, CRAIG MICHAEL**  
 STREET ADDRESS **575 PINE BAY CT**  
 CITY-ST-ZIP **OCFEE, FL 34761**

TITLE **D** ☐ Delete  
 NAME **ZETENA, LORETTA MARY**  
 STREET ADDRESS **13363 SUNSET LAKES CIRCLE**  
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Addition  
 NAME **D ZETENA, ROBERT T**  
 STREET ADDRESS **13363 SUNSET LAKES CIRCLE**  
 CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**407-426-5449**  
 Daytime Phone #

CR2E034 (9/01)