

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020593

1. Entity Name

MEDIPON INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90085 050 ***150.00

Principal Place of Business
15711 MAPLEDALE BLVD
STE B
TAMPA FL 33624
US

Mailing Address
15711 MAPLEDALE BLVD
STE B
TAMPA FL 33624-3112
US

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 **59-3555176** 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

7. Name and Address of New Registered Agent

MEDINA, JUAN
3901 YELLOW FINCH LN.
LUTZ FL 33549

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, 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 | VPT | <input type="checkbox"/> Delete |
| NAME | MEDINA-PONCE, VIVIAN | |
| STREET ADDRESS | 4113 APPLE BLOSSOM RD. | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | PONCE, ROLANDO | |
| STREET ADDRESS | 4113 APPLE BLOSSOM RD. | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MEDINA, JUAN | |
| STREET ADDRESS | 3901 YELLOW FINCH LN | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | MEDINA, OLGA | |
| STREET ADDRESS | 3901 YELLOW FINCH LN | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| 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"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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

1/12/2000

Date

(813) 264-0281

Daytime Phone #