

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
 07-07-2000 90461 033 ***150.00

DOCUMENT # **A98000032783**

1. Entity Name

CPR SYSTEMS, INC

Principal Place of Business

Mailing Address

2539 OLD OKEECHOBEE RD
SUITE 4
WEST PALM BEACH, FL 33409

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

65-0813802

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

GoFORTH, RON
2539 OLD OKEECHOBEE RD
SUITE 4
WEST PALM BEACH, FL 33409

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

Ron Goforth

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-23-00

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	<input type="checkbox"/> Delete
NAME	GoFORTH, RON
STREET ADDRESS	2539 OLD OKEECHOBEE RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

RON GOFORTH

Ron Goforth

6-23-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

CPR Systems, Inc.
2539 Old Okeechobee Road
West Palm Beach, FL 33409
(561) 616-4324

Attachment
D.# 998 WD39783
DW08218

June 23, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: 2000 Uniform Business Report for CPR Systems, Inc., F.E.I.N. 65-0813802.

Gentlemen:

I have been out of the country for several months. Upon my return, I realized that we had not Received or filed the 2000 Uniform Business Report. At this point, I requested a copy of the Required form from your office. Having just received the copy, I am filing the form as quickly As possible along with the standard amount of \$150.00.

Please accept my apologies for any inconvenience this may have caused your office.

Thank you for your assistance with this matter.

Sincerely,

Ron Goforth

Enc.