

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040368

1. Entity Name
EZ MEDICAL SUPPLY INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90034 032 ***758.75

Principal Place of Business
1470 PARADISE CT.
MERRITT ISLAND FL 32952

Mailing Address
1470 PARADISE CT.
MERRITT ISLAND FL 32952

2. Principal Place of Business

10955 SE Federal Hwy

3. Mailing Address

10955 SE Federal Hwy

City & State

Hobe Sound FL

City & State

Hobe Sound

Zip
33455

Country
USA

Zip

33455

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3511299

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAHLIN, JUDITH A
1470 PARADISE CT.
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

DAHLIN, Judith A

Street Address (P.O. Box Number is Not Acceptable)

10955 SE Federal Hwy

City

Hobe Sound

FL

Zip Code

33455

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

Judith A Dahlin

7/31/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAHLIN, LESTER III
1470 PARADISE CT.
MERRITT ISLAND FL 32952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAHLIN, JUDITH A
1470 PARADISE CT.
MERRITT ISLAND FL 32952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dahlin, LESTER III ☒ Change ☐ Addition
8198 SE Sanctuary Dr
Hobe Sound FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAHLIN, Judith A ☒ Change ☐ Addition
8198 SE Sanctuary Dr
Hobe Sound, FL 33455

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

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

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

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

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:

Judith A Dahlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/00

561
5451954

Date

Daytime Phone #

CR2E034 (5/00)