

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0455922 AV

DOCUMENT # P98000046902

1. Entity Name

ACCURATE MEDICAL SYSTEMS, INC.

(L)



FILED

03 JUN 30 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1411 N. WESTSHORE BLVD., STE.208  
TAMPA FL 33607

Mailing Address

1411 N. WESTSHORE BLVD., STE.208  
TAMPA FL 33607

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

59-3517384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRUSH, BONNIE

1411 N. WESTSHORE BLVD., STE.208  
TAMPA FL 33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bonnie Thrush*

5-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MENTZ, BONNIE  
STREET ADDRESS 1411 N. WESTSHORE BLVD., STE.208  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition  
NAME Thrush, Bonnie  
STREET ADDRESS 1411 N. Westshore Blvd Ste 208  
CITY-ST-ZIP Tampa FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400021465004  
07/10/03--01064--021 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bonnie Thrush*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03 813-282-0840

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
# P98000046902

*payor*  
**ACCUMED**  
S Y S T E M S

June 25, 2003

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

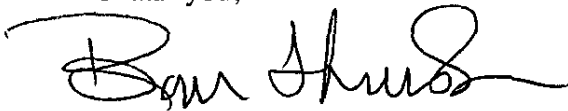
Dear Sir or Madam:

Please excuse the untimely filing of this report as I am the only agent for this corporation and I was hospitalized for pneumonia and unable to work for several weeks. It is only until now that I have been able to complete the necessary paper work to maintain our good business standing.

Everything has suffered as a result of my illness. Please allow us to be excused of the \$400.00 penalty.

If you have any questions, please call me at 813-282-0840.

Thank you,



Bonnie Thrush  
President

1411 North Westshore Boulevard  
Suite 208  
Tampa, Florida 33607  
813-282-0840 Fax 813-282-0654