

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052173

1. Entity Name

SOUTHEAST MEDICAL FORMS, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90061 003 ***150.00

Principal Place of Business

Mailing Address

133 WOODLEAF DR
WINTER SPRINGS FL 32708

133 WOODLEAF DR
WINTER SPRINGS FL 32811-1777

2. Principal Place of Business

3. Mailing Address

360 WILSHIRE BLVD.

P.O. BOX 5725

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CASSELBERRY, FL

WINTER PARK FL

Zip

Country

Zip

Country

32707

SEMINOLE

32793-5725

SEMINOLE

4. FEI Number

59-3515370

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

JARMAKOWICZ, LAURA L
133 WOODLEAF DR
WINTER SPRINGS FL 32708

Name

EDWARD A. JARMAKOWICZ

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

133 WOODLEAF DRIVE

City

Winter Springs

FL

Zip Code

32708

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

Edward A. Jarmakowicz

EDWARD A. JARMAKOWICZ PSTD

4.20.2000

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 \$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 PSTD
NAME JARMAKOWICZ, LAURA L
STREET ADDRESS 133 WOODLEAF DRIVE
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☒ Delete

TITLE PSTD
NAME JARMAKOWICZ, EDWARD A.
STREET ADDRESS 133 WOODLEAF DRIVE
CITY-ST-ZIP WINTER SPRINGS, FL 32708 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Edward A. Jarmakowicz

EDWARD A. JARMAKOWICZ

4.20.2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-277-6238

CR2E034 (9/99)