

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90020 013 ***150.00

0062313 SP

DOCUMENT # P98000075510

1. Entity Name

ENZYMEDICA, INC.

Principal Place of Business

Mailing Address

**201 W MIRIUN AVE
#708
PUNTA GORDA FL 33950
US**

**201 W MIRIUN AVE
#708
PUNTA GORDA FL 33950
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1625 W. MARION AVE

1625 W. MARION AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14

14

City & State

City & State

PUNTA GORDA FL

PUNTA GORDA FL

33950

USA

33950

USA

4. FEI Number

65-0859937

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

**LEI FINANCIAL SERVICES, INC.
5348 DREW ROAD
VENICE FL 34293**

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 **Jim HADNABY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/02

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, 2002 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 ☐ Delete
NAME **PTD**
STREET ADDRESS **BOHAGER, DAVID R**
CITY-ST-ZIP **10945 MEADOW LAKE COVE DR
FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13781 Fern Trail Dr**
CITY-ST-ZIP **N. Fort Myers FL 33903**

TITLE ☐ Delete
NAME **SVD**
STREET ADDRESS **BOHAGER, THOMAS G**
CITY-ST-ZIP **20238 BENTON AVENUE
PORT CHARLOTTE F; 33952**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **410 SALVADOR DR**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☐ Delete
NAME **EVP**
STREET ADDRESS **DESTEFANO, LOU**
CITY-ST-ZIP **3210 SW 14TH PL
BOYNTON BEACH FL 33426**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

DAVID R BOHAGER

2/7/02

941-505-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)