

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081593

1. Entity Name

SAAB MEDICAL CORP.

FILED

00 SEP 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3406 WEST FIELDER STREET
TAMPA FL 33611

Mailing Address

3406 WEST FIELDER STREET
TAMPA FL 33611

2. Principal Place of Business

4780 Dolphin Cay Ln

3. Mailing Address

4780 Dolphin Cay Ln

Suite, Apt. #, etc.

Ste 204

Suite, Apt. #, etc.

Ste 204

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33711

Country

USA

Zip

33711

Country

USA

4. FEI Number

59-3546965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

8000003398108--7

-09/19/00 FL 043012

****150.00

****150.00

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

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 PSTD
NAME BOLLINGER, STEVEN A
STREET ADDRESS 3406 WEST FIELDER STREET
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2000 8779026945
Date Daytime Phone #

KE

CR2E034 (5/00)

SAAB MEDICAL INC.

4780 Dolphin Cay Lane
Suite 204
St. Petersburg, FL 33711

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P98000081593

August 21, 2000

To Whom It May Concern:

After discussions with your personnel via phone conversations, I have been informed that it is necessary to write a letter of explanation regarding this filing of the Uniform Business report to facilitate acceptance of the original filing fee of \$150 due to extenuating circumstances.

In January of 2000, I relocated to Los Gatos, CA. I received the original first notice of the Uniform Business Report at my new address, and submitted the form with a check for \$150 dated April 13th, 2000. On April 15th of 2000, I again relocated back to St. Petersburg, FL. I did not give this matter another thought until I recently received a second notice in the mail that was forwarded to my new address in St. Petersburg. Upon calling your staff, I discovered that my original check was received by your division without being endorsed, and therefore was not submitted. I was never notified of this until my phone conversation. If correspondence was sent out to me at my old address, It was never forwarded to me.

Enclosed is a check for the original filing fee of \$150 with the appropriate form. I hope that this mistake will not warrant an additional penalty of \$400. Your staff had record of receiving my original payment and the information that it was left unsigned. I assure you, it was an unintentional mistake, and I will be more careful in the future.

Your consideration is greatly appreciated.

Respectfully,



Steve Bollinger
FEI# 59-3546965