

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084708

1. Entity Name

G.S.D.K. MEDICAL, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90272 012 \*\*\*150.00

Principal Place of Business

Mailing Address

6565 44TH ST. NORTH UNIT 1011  
 PINELLAS PARK FL 33781

6565 44TH ST. NORTH UNIT 4011  
 PINELLAS PARK FL 33713-7141

2. Principal Place of Business

925 18th St. N.

Suite, Apt. #, etc.

3. Mailing Address

925 18th St. N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3535050

Applied For

Not Applicable

Zip

Country

33713

Pinellas

Zip

Country

33713

Pinellas

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

DOORN, JERRY

6565 44TH ST. NORTH UNIT 1011  
 PINELLAS PARK FL 33781

925 18th St. N.  
 St. Petersburg, FL.  
 33713

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

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 DP ☐ Delete  
 NAME DOORN, JERRY  
 STREET ADDRESS 6565 44TH ST. NORTH UNIT 1011  
 CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 925 18th St. N.  
 CITY-ST-ZIP St. Petersburg, FL 33713

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

1-727-898-3405

Daytime Phone #

CR2E034 (9/99)