

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085852

1. Entity Name

PORTER MEDICAL PRODUCTS, INC.

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

05-15-2000 90151 021 \*\*\*150.00

Principal Place of Business

Mailing Address

101 NORTH WOODLAND BLVD.  
SUITE A-301  
DELAND FL 32720  
UD

101 NORTH WOODLAND BLVD.  
SUITE A-301  
DELAND FL 32720-7796  
UD

2. Principal Place of Business

1609 SOUTH STATE ROAD 15A

3. Mailing Address

1609 SOUTH STATE ROAD 15A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 6

SUITE 6

City & State

DELAND FL

City & State

DELAND FL

Zip

32720

Country

FLORIDA

Zip

32720

Country

FLORIDA

4. FEI Number

65-0869711

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

PORTER, GARY K JR  
372 CADDIE DRIVE  
DEBARY FL 32713

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 P  
NAME PORTER, GARY JR.  
STREET ADDRESS 372 CADDIE DRIVE  
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

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

TITLE C  
NAME PORTER, GARY K  
STREET ADDRESS 45 MILITIA HILL ROAD  
CITY-ST-ZIP WARRINGTON PA 18776 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY K. PORTER JR.

PRESIDENT 3-11-00

Date

904-740-7006

CR2E034 (9/99)