

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093269

1. Entity Name
C.S.G/BIO-MEDIC, INC.

Principal Place of Business
1215 69TH AVENUE WEST
BRANDENTON FL 34207

Mailing Address
1215 69TH AVENUE WEST
BRANDENTON FL 34207

2. Principal Place of Business
4910 14TH ST. W. # 304
Suite, Apt. #, etc.

3. Mailing Address
2300 Bee Ridge Rd. # 304
Suite, Apt. #, etc.

City & State
BRADENTON, FL
Zip 34207

City & State
SARASOTA, FL
Zip 34239

4. FEI Number 65-0873810

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLINGER, JOSEPH E
1215 69TH AVENUE WEST
BRANDENTON FL 34207

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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, 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 D
NAME OLINGER, JOSEPH E
STREET ADDRESS 1215 69TH AVENUE WEST
CITY-ST-ZIP BRANDENTON FL 34207

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

4910 14TH ST. W. #304
BRADENTON, FL 34207

TITLE D
NAME ABELLES, KATIA
STREET ADDRESS 4910 14TH ST. W. #304
CITY-ST-ZIP BRANDENTON, FL 34207

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

D
ABELLES, KATIA
4910 14TH ST. W. #304
BRADENTON, FL 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

941-924-1040

Date

Daytime Phone #

CR2E034 (9/01)

5
5/2010
AV