

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094703

1. Entity Name

COASTAL CARE MEDICAL SUPPLY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90158 014 ***150.00

Principal Place of Business

5823
5000 SW 21ST ST
HOLLYWOOD FL 33023
US

Mailing Address

5823
5000 SW 21ST ST
HOLLYWOOD FL 33023-3010
US

2. Principal Place of Business

5823 SW 21 STREET

3. Mailing Address

5823 SW 21 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FLORIDA

Zip

33023

Country

US

Zip

33023

Country

US

4. FEI Number

65-0874208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDELE, JONATHAN J
9300 CHELSEA DRIVE NORTH
PLANTATION FL 34994

7. Name and Address of New Registered Agent

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

TITLE **DPST** ☐ Delete
NAME **FEDELE, JONATHAN J**
STREET ADDRESS **9300 CHELSEA DRIVE NORTH**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **V** ☐ Delete
NAME **MIKO, KYLE W**
STREET ADDRESS **2350 NE 135TH ST #1109**
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

J. U. Fedele

JONATHAN FEDELE

4-18-00

954-962-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)