

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90101 002 \*\*\*150.00

0416792

**DOCUMENT # P98000095478**

1. Entity Name

**MED-PRO TECHNOLOGIES INC.**

Principal Place of Business

Mailing Address

~~1435 TALLEYAST RD~~  
~~SARASOTA FL 34243~~

~~1435 TALLEYAST RD~~  
~~SARASOTA FL 34243~~

7590 Commerce Court  
 Sarasota, FL 34243

2. Principal Place of Business

3. Mailing Address

7590 Commerce Court

7590 Commerce Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34243

USA

34243

USA

4. FEI Number

65-6285496

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

LAMBRECHT, WILLIAM G  
 200 S ORANGE AVE  
 SARASOTA FL 34236

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, 2001 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 ☐ Delete  
 NAME DP  
 STREET ADDRESS HAFT, NOELLE A  
 CITY-ST-ZIP 1410 SIESTA DRIVE  
 SARASOTA FL 34239

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 7590 Commerce Court  
 CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Delete  
 NAME DST  
 STREET ADDRESS HAFT, ROBERT S  
 CITY-ST-ZIP 1410 SIESTA DRIVE  
 SARASOTA FL 34239

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 7590 Commerce Court  
 CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MILLER, ALEXANDRA  
 CITY-ST-ZIP 1400 SIESTA DRIVE  
 SARASOTA FL 34239

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 7590 Commerce Court  
 CITY-ST-ZIP Sarasota, FL 34243

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME V  
 STREET ADDRESS Johnson, David  
 CITY-ST-ZIP 7590 Commerce Court  
 Sarasota, FL 34243

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  
 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

Date

Daytime Phone #

4/18/01 941-355-3333

CR2E034 (10/00)