

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096139

1. Entity Name
MEDEX LEASING, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90036 024 ***150.00

Principal Place of Business

795 APPLETON PLACE
OVIEDO FL 32765
US

Mailing Address

795 APPLETON PLACE
OVIEDO FL 32765-8428
US

2. Principal Place of Business

6912 Aloma Ave
Suite, Apt. #, etc.
Winter Park, FL
City & State

3. Mailing Address

Medex Leasing
Suite, Apt. #, etc.
5703 Red Bug Lk. Rd #310
City & State
Winter Springs, FL



DO NOT WRITE IN THIS SPACE

Zip

Country

32792 Orange

Zip

Country

32708 Seminole

4. FEI Number

59-3543058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEJIAS, EDWIN
795 APPLETON PLACE
OVIEDO FL 32765

New MAILING
Address

7. Name and Address of New Registered Agent

Name

Same

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

5703 Red Bug Lake Rd #310

City

Winter Springs, FL

Zip Code

32708

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-2000

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 ☐ Delete
NAME P
STREET ADDRESS MEJIAS, EDWIN
CITY-ST-ZIP 795 APPLETON PL
OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS MEDEX LEASING, INC.
CITY-ST-ZIP 5703 RED BUG LAKE ROAD #310
WINTER SPRINGS, FL 32708
(407) 766-4317

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000

Date

Daytime Phone #

CR2E034 (9/99)