

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

07-17-2000 90075 006 ****61.25

DOCUMENT # P98000097896

1. Entity Name

Bane Medical Services, Inc.

FILED

00 JUL 17 AM 7:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1701 S. Alexander St. Suite 110 Plant City, FL 33567	1701 S. Alexander St. Suite 110 Plant City, FL 33567

2. Principal Place of Business	3. Mailing Address
1701 S. Alexander St. Suite, Apt. #, etc. Suite 110	1701 S. Alexander St. Suite, Apt. #, etc. Suite 110

City & State	City & State
Plant City, Florida	Plant City, Florida
Zip	Zip
33567	33567
Country	Country
U.S.	U.S.

4. FEI Number	Applied For
59-3544113	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

Gregory Alan Bane
2625 Crestfield Drive
Valrico, Florida 33594

7. Name and Address of New Registered Agent

Name	Gregory Alan Bane
Street Address (P.O. Box Number is Not Acceptable)	1701 South Alexander Street
Suite 110	
City	Plant City
FL	Zip Code 33567

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	D	<input checked="" type="checkbox"/> Delete
NAME	Julia Carol Robinson	
STREET ADDRESS	19916 Gulf Blvd. #2	
CITY-ST-ZIP	Indian Shores, FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Jimmy David Bane	
STREET ADDRESS	3102 Jap Tucker Road	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben W. Bane	
STREET ADDRESS	3213 Polo Place	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory Alan Bane	
STREET ADDRESS	2625 Crestfield Drive	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bene Bane
BEN W. BANE, President

6/27/00 (813)752-3061

Date

Daytime Phone #

CR2E034 (9/99)

KE