

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90027 036 ***150.00

DOCUMENT # P98000097896

1. Entity Name

BANE MEDICAL SERVICES, INC.

Principal Place of Business

**1701 S. ALEXANDER ST.
SUITE 110
PLANT CITY FL 33567**

Mailing Address

**1701 S. ALEXANDER ST.
SUITE 110
PLANT CITY FL 33567**

2. Principal Place of Business

2009 AIRPORT ROAD

3. Mailing Address

2009 AIRPORT ROAD

Suite, Apt., etc.

Suite, Apt., etc.

City & State

PLANT CITY, FL 33567

City & State

PLANT CITY, FL 33567

4. FEI Number

59-3544113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BANE, GREGORY ALAN
1701 S. ALEXANDER ST.
SUITE 110
PLANT CITY FL 33567****7. Name and Address of New Registered Agent**

Name

BANE, GREGORY ALAN

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

2009 AIRPORT ROAD

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **P/D BANE, BEN W**
STREET ADDRESS **3213 POLO PLACE**
CITY-ST-ZIP **PLANT CITY FL 33567**TITLE ☐ Delete
NAME **STD BANE, GREGORY ALAN**
STREET ADDRESS **2625 CRESTFIELD DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**TITLE ☐ Delete
NAME **D BANE, JIMMY DAVID**
STREET ADDRESS **3102 JAP TUCKER ROAD**
CITY-ST-ZIP **PLANT CITY FL 33565**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)