

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099985

1. Entity Name

GLORIA-MED AMERICA, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90012 049 ***150.00

Principal Place of Business

Mailing Address

1813 JOHN SIMS PKWY.. STE. 3
NICEVILLE FL 32578

1813 JOHN SIMS PKWY.. STE. 3
NICEVILLE FL 32578-1426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1417 N. Partin Dr.

1417 N. Partin Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Niceville, FL

Niceville, FL

Zip

Country

Zip

Country

32578

USA

32578

USA

4. FEI Number

59-3562273

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

MIESEN, J. THOMAS
1813 JOHN SIMS PKWY., STE. 3
NICEVILLE FL 32578

Name

Miesen J. Thomas

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

1417 N. Partin Dr Ste 4

City

Niceville

FL

Zip Code

32578

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

J. Thomas Miesen

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MIESEN, THOMAS J
1025 LAKEWAY DR
NICEVILLE FL 32578 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
P
PEROSCHI, ALESSANDRO
22017
MENAGGIO IT ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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. Thomas Miesen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

DATE

850-729-0717

Daytime Phone #

CR 04 (MAY 00)