

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90171 011 ***150.00

DOCUMENT # P98000106371

1. Entity Name
MEDI-SOUTH PRODUCTS, INC.



Principal Place of Business
4110 N.E. 3RD AVENUE
POMPANO BEACH FL 33064

Mailing Address
4110 N.E. 3RD AVENUE
POMPANO BEACH FL 33064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0965435**

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

HULETT, JEANNIE
4110 N.E. 3RD AVENUE
POMPANO BEACH FL 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeannine Hulett*
Signature, typed or printed name of registered agent and title if applicable

Jeannine Hulett
(NOTE: Registered Agent signature required when reinstating)

3-31-03
DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GRAY, JOHN W**
STREET ADDRESS **140 BOXWOOD CIRCLE**
CITY-ST-ZIP **HAMBURG NY 10475**

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

TITLE **V** ☐ Delete
NAME **HULETT, JEANNINE**
STREET ADDRESS **4110 N.E. 3RD AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED John W Gray* *4-21-03* *716 648 4878*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)