

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
 02-11-2000 90028 036 ***150.00

DOCUMENT # P99000001487

1. Entity Name

MEDICAL EQUIPMENT SPECIALTY, INC.

Principal Place of Business

1545 SE 58TH AVE., UNIT 3
 Ocala FL 34471

Mailing Address

1545 SE 58TH AVE., UNIT 3
 Ocala FL 34470-4804

B0018115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1601 NE 25TH Ave

Suite, Apt. #, etc.

Unit 106

City & State

Ocala Florida

Zip

34470

Country

Marion

3. Mailing Address

1601 NE 25TH Ave

Suite, Apt. #, etc.

Unit 106

City & State

Ocala Florida

Zip

34470

Country

Marion

4. FEI Number

59-3550154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, MARY E
 1545 SE 58TH AVE., UNIT 3
 Ocala FL 34471

7. Name and Address of New Registered Agent

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.

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 ~
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PIPPIN, MARY E
 CITY-ST-ZIP 1545 SE 58TH AVE., UNIT 3
 Ocala FL 34471

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PIPPIN, LARRY E
 CITY-ST-ZIP 1545 SE 58TH AVE., UNIT 3
 Ocala FL 34471

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 ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary E Pippin

MARY E PIPPIN

1/25/00

352-671-101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #