

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90484 033 ***150.00

DOCUMENT # P99000001487

1. Entity Name

MEDICAL EQUIPMENT SPECIALTY, INC.



Principal Place of Business

1601 NE 25TH AVE
UNIT 106
OCALA FL 34471

Mailing Address

1601 NE 25TH AVE
UNIT 106
OCALA FL 34471

2. Principal Place of Business

7352 Crill Ave
Suite, Apt. #, etc.

3. Mailing Address

7352 Crill Ave
Suite, Apt. #, etc.

City & State

PAIATKA FL

City & State

PAIATKA FL

Zip

32177

Country

USA

Zip

32177

Country

U.S.A.

6. Name and Address of Current Registered Agent

PIPPIN, MARY E
15735 NE 148TH CT
FORT MC COY FL 32134

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

SIGNATURE *Mary E Pippin* Mary E Pippin President 2/14/03

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D ☐ Delete
NAME PIPPIN, MARY E
STREET ADDRESS 15735 NE 148TH ST
CITY-ST-ZIP FORT MC COY FL 32134

TITLE D ☐ Delete
NAME PIPPIN, LARRY E
STREET ADDRESS 15735 NE 158TH CT
CITY-ST-ZIP FORT MC COY FL 32134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: *Mary E Pippin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary E Pippin Pres. 2/14/03 386-325-0223

Date

Daytime Phone #

CR2E034 (10/02)