

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90180 050 ***158.75

DOCUMENT # P99000006162

1. Entity Name

~~INFECTION CONTROL CONSULTANTS, INC.~~

National Institute for Infection Control, Inc.

Principal Place of Business

Mailing Address

PO BOX ~~260384~~ 5252

PO BOX 260384

TAMPA FL 33685 Hudson FL

TAMPA FL 34674-5252

34674

2. Principal Place of Business

3. Mailing Address

P.O. Box 5252

P.O. Box 5252

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

4. FEI Number

59-3552240

Applied For

Not Applicable

Zip

Country

34674

USA

Zip

Country

34674

USA

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

JONES, J. MICHAEL
 14542 FRISKY LANE
 SPRING HILL FL 34610

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME JONES, J. MICHAEL
 STREET ADDRESS PO BOX 260384 5252
 CITY-ST-ZIP TAMPA FL 33685 → Hudson FL 34674

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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 another like empowered.

SIGNATURE:

J. Michael Jones J. Michael Jones

4-17-00 (727) 857-0552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)