

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90162 030 ***150.00

DOCUMENT # P99000007139

1. Entity Name
RPG MEDICAL, INC.

Principal Place of Business

**166 PARSONS AVE
 BRANDON FL 33510**

Mailing Address

**166 PARSONS AVE
 BRANDON FL 33510**

2. Principal Place of Business

13211 F N. Nebraska Ave

Suite, Apt. #, etc.

Suite F

3. Mailing Address

18839 Geraci Road

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Lutz, FL

4. FEI Number

59-3551985

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33548

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BREWER, RANDY L
 4227 SANDY SHORES DR
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **Randy L. Brewer**

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

18839 Geraci Road

City

Lutz

FL

Zip Code

33548

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **VT** ☐ Delete
 NAME **BREWER, PAULA E**
 STREET ADDRESS **4227 SANDY SHORES DR**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **Randy L. Brewer**
 STREET ADDRESS **18839 Geraci Rd.**
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE **VT** ☒ Change ☐ Addition
 NAME **Paula E. Brewer**
 STREET ADDRESS **18839 Geraci Rd.**
 CITY-ST-ZIP **Lutz, FL 33548**

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

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

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 NAME
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 CITY-ST-ZIP

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

SIGNATURE: **Paula E. Brewer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02 813-866-4427

Date

Daytime Phone #

CR2E034 (4/02)

RPG Medical Inc. d/b/a



.....Providing Mobility.....

July 16, 2002

Division of Corporations
Tallahassee, FL

RE: 59-3551985

We just received this UBR form in the mail at:
166 N. Parsons Ave., Brandon, FL 33510-4531

We called the Division of Corporations today, July 16 and understand that you attempted to mail this to us back in January and it was returned. Please check your records.

I am requesting that we pay the required fee of \$150.00 and that you please correct your records to the provided information in this UBR.

Thank you,



Paula Brewer
Vice President / Treasurer