

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022405

1. Entity Name

MEDSAFETY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90234 025 ***150.00

Principal Place of Business

18161 OLD DOMINION CT
FT MYERS FL 33908

Mailing Address

18161 OLD DOMINION CT
FT MYERS FL 33908-4677

00005176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MEDSAFETY, INC.

3. Mailing Address

MEDSAFETY, INC.

Suite, Apt. #, etc.

17251 ALICO CENTER ROAD

Suite, Apt. #, etc.

17251 ALICO CENTER ROAD

City & State

FORT MYERS, FL 33912

City & State

FORT MYERS, FL 33912

4. FEI Number

65-0900595

Applied For

Not Applicable

Zip
33912

Country

LEE

Zip
33912

Country

LEE

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

KREPS, GARY D
18161 OLD DOMINION CT
FT MYERS FL 33908

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

GARY D. KREPS

1/12/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GARY KREPS
18161 OLD DOMINION COURT
FORT MYERS, FL 33908 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

GARY D. KREPS 1/12/00 (941) 482-5300

Date

Daytime Phone #

CR2E034 (9/99)