

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90025 001 ***150.00

DOCUMENT # P99000025470

1. Entity Name
KELMEDIX, INC.

Principal Place of Business

~~6209~~ DELTONA BLVD
 SPRING HILL FL 34606

Mailing Address

~~6209~~ DELTONA BLVD
 SPRING HILL FL 34606

2. Principal Place of Business

6205 Deltona Blvd
 Suite, Apt. #, etc.

3. Mailing Address

6205 Deltona Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3566036

Applied For

Not Applicable

Zip

Country

34606 US

Zip

Country

34606 US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOGAN, THOMAS S
 20 S. BROAD STREET
 BROOKSVILLE FL 34601

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, 2002 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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SWANSON, SHARON
 CITY-ST-ZIP 4344 RACHEL BLVD
 SPRING HILL FL 34606

TITLE ☐ Delete
 NAME P
 STREET ADDRESS SWANSTON, DARRELL
 CITY-ST-ZIP 4344 RACHEL BLVD
 SPRING HILL FL 34607

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 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 352 592-1063
 Date Daytime Phone #

CP2E034 (9/01)