

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90148 016 ***550.00

DOCUMENT # P99000025948

1. Entity Name

E AND G MOBIL MEDICAL SUPPLIES INC

Principal Place of Business

5121 S.W. 90 AVENUE

#4

COOPER CITY FL 33328

Mailing Address

4298 S. UNIVERSITY DRIVE

DAVIE FL 33328

2. Principal Place of Business

3. Mailing Address

4298 So. UNIVERSITY DR SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

FL

4. FEI Number

65-0904938

Applied For

Not Applicable

Zip

33328

Country

BROWARD

Zip

Country

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

ROEDEN, GIL

4298 S. UNIVERSITY DRIVE

DAVIE FL 33328

Name

ROEDER, SANDRA

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

4298 So. UNIVERSITY DR

City

DAVIE

FL

Zip Code

33328

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

Sandra Roeder

8/15/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ROEDEN, GIL**
STREET ADDRESS **4298 S. UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **D** ☐ Delete
NAME **ROEDEN, SANDRA**
STREET ADDRESS **134 PARLIAMENT COURT**
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **DP** ☒ Change ☐ Addition
NAME **ROEDER, SANDRA**
STREET ADDRESS **4298 So. UNIVERSITY DR**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Sandra Roeder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02 954-473-6151

Date

Daytime Phone #

CR2E034 (4/02)