

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033055

1. Entity Name

SURFSIDE MEDICAL SUPPLY, INC.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90021 033 ***150.00

Principal Place of Business

9640 NW 2ND STREET
APT 305
PEMBROKE PINES FL 33024

Mailing Address

9640 NW 2ND STREET
APT 305
PEMBROKE PINES FL 33024-6285

2. Principal Place of Business

1712 NE 5th Ct.

3. Mailing Address

1712 NE 5th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

US

Zip

33301

Country

4. FEI Number

65-0910996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINTERS, JAMES C
9640 NW 2ND STREET
APT 305
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name James C. Winters

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

1712 NE 5th Ct.

City

Ft. Lauderdale

FL

Zip Code

33301

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

James C. Winters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/00

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

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

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 P
STREET ADDRESS JAMES C. WINTERS
CITY-ST-ZIP 9640 NW 2ND STREET #305
PEMBROKE PINES, FL 33024

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS James C. Winters
CITY-ST-ZIP 1712 NE 5th Ct.
Ft. Lauderdale, FL 33301

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

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

TITLE ☐ Change ☐ Addition
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:

James C. Winters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

954-294-1566

Daytime Phone #