

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90036 037 ***150.00

DOCUMENT # P99000040530

1. Entity Name

J MED LAB SUPPLY, INC.

Principal Place of Business

**2566 12TH AVE.
 VERO BEACH FL 32960**

Mailing Address

**2566 12TH AVE.
 VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0922381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BEAUCHAMP, BRIAN M
 759 SOUTH FEDERAL HIGHWAY STE. 302
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name
WILLIAM C. HERNDON, JR.
 Street Address (P.O. Box Number is Not Acceptable)
668 VOCELLE AVE
 City **SEBASTIAN** FL Zip Code **32958**

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 *William C Herndon*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-02

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	V	<input type="checkbox"/> Delete
NAME	HERNDON, JEFFREY B	
STREET ADDRESS	1573 QUATRIN LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	S	<input type="checkbox"/> Delete
NAME	AHLERSMERYER, JENNIFER E	
STREET ADDRESS	4628 DANBURY DRIVE	
CITY-ST-ZIP	FORT WAYNE IN 46835	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNDON, WILLIAM C JR.	
STREET ADDRESS	668 VACELLE AVENUE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERNDON, JAN E	
STREET ADDRESS	668 VOCELLE AVENUE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/14/02
 Date

561-794-2923
 Daytime Phone #

CP2E034 (9/01)