

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90128 038 \*\*\*550.00

**DOCUMENT # P99000045936**

**1. Entity Name**  
**SUNCOAST MEDICAL SYSTEMS, INCORPORATED**

**Principal Place of Business**

**1465 29TH STREET SW  
 NAPLES FL 34117**

**Mailing Address**

**1465 29TH STREET SW  
 NAPLES FL 34117**

**2. Principal Place of Business**

**1870 ELSA ST  
 Suite, Apt. #, etc.  
 SUITE #**

**3. Mailing Address**

**P.O. BOX 11703  
 Suite, Apt. #, etc.**

**City & State  
 NAPLES, FL**

**Zip Country  
 34109 USA**

**City & State  
 NAPLES, FL**

**Zip Country  
 34101 USA**

**4. FEI Number 65-0331638**

**Applied For  
 Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TUPPER, MICHELLE  
 1465 29TH STREET SW  
 NAPLES FL 34117**

**7. Name and Address of New Registered Agent**

**Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 579 103 RD AVE N.  
 City NAPLES FL Zip Code 34108**

**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**

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**

**TITLE PD ☐ Delete  
 NAME EMENS, EDWARD  
 STREET ADDRESS 1465 29TH STREET SW  
 CITY-ST-ZIP NAPLES FL 34117**

**TITLE VD ☐ Delete  
 NAME TUPPER, MICHELLE  
 STREET ADDRESS 2573 POINCIANA DRIVE  
 CITY-ST-ZIP NAPLES FL 34105**

**TITLE TD ☐ Delete  
 NAME UBER, VICTORIA  
 STREET ADDRESS 3018 42ND STREET SW  
 CITY-ST-ZIP NAPLES FL 34116**

**TITLE SD ☐ Delete  
 NAME EMENS, NICOLE  
 STREET ADDRESS 1465 29TH STREET SW  
 CITY-ST-ZIP NAPLES FL 34117**

**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 PD ☒ Change ☐ Addition  
 NAME EMENS, EDWARD  
 STREET ADDRESS 579 103 RD AVE N  
 CITY-ST-ZIP NAPLES, FL 34109**

**TITLE VD ☒ Change ☐ Addition  
 NAME TUPPER, MICHELLE  
 STREET ADDRESS 579 103 RD AVE N  
 CITY-ST-ZIP NAPLES, FL 34109**

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

**TITLE SD ☒ Change ☐ Addition  
 NAME EMENS, NICOLE  
 STREET ADDRESS 2050 RIVER REACH DR #109  
 CITY-ST-ZIP NAPLES, FL 34104**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**EDWARD C. EMENS 239-596-6055  
 7-15-02**

CR2E034 (4/02)