

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049550

1. Entity Name

MED-LINE, INC.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90037 008 ***150.00

Principal Place of Business

Mailing Address

1048 SOUTHEAST 43RD STREET
CAPE CORAL FL 339041048 SOUTHEAST 43RD STREET
CAPE CORAL FL 33904-5361

2. Principal Place of Business

3. Mailing Address

20050 Williams Dr
Suite, Apt. #, etc.20050 Williams Dr
Suite, Apt. #, etc.City & State
N Ft Myers FL
Zip 33917 Country USACity & State
N Ft Myers FL
Zip 33917 Country USA

4. FEI Number

65-0924732

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Michael Basile

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

20050 Williams Dr

City

N Ft Myers

FL

Zip Code

33917

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.

Michael Basile, Pres

4/5/00

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BASILE, MICHAEL
1048 SOUTHEAST 48TH STREET
CAPE CORAL FL 33904 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
HARLOW, TANYA M
1048 SOUTHEAST 48TH STREET
CAPE CORAL FL 33904 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
20050 Williams Dr
N. Ft Myers, FL 33917TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
20050 Williams Dr
N. Ft Myers, FL 33917TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Michael Basile, Pres

Date

4/5/00

Daytime Phone #

C-2E034 (9/99)