2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State DOCUMENT # P99000051268 1. Entity Name 05-30-2002 91590 035 ***150 00 URO-WELLNESS, INC. Principal Place of Business Mailing Address 406 ORMOND DR 406 ORMOND DR INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & Stăte 4. FEI Number Applied For 59-3582918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 406 ORMOND DR INDIALANTIC FL 32903 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 _Trust Fund.Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Change Addition NAME¹ GORDON, DANIEL A NAME STREET ADDRESS 406 ORMOND DR STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GORDON, DONNA E NAME STREET ADDRESS 406 ORMOND DR ... ' STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME KIRSCH, HELEN M STREET ADDRESS 7502 HONEYWELL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIG

attachment

Subj:

UBR Filing

Date:

04/30/2002 6:11:03 PM Eastern Daylight Time

From:

DGCompli

To:

mailto:corphelp@mail.dos.state.fl.us

I'm trying to file our UBR annual on line.

I enter the document number and electronic access code and press submit. It then takes me to a page that says:

Division-of-Corporations____

REFRESH is not supported for this page.

Please use your browsers' BACK arrow to return to the previous page.

Sunbiz Home Page Public Access Help

It does not let me proceed. Please help.

Thank you!