

# UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P99000052914

1. Entity Name  
ALL-STATES MEDICAL SUPPLY, INC.



02-13-2003 90267 001 \*\*\*61.25  
FILED P99000052914

03 FEB 18 AM 8:14

TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
4415 WESTROADS DRIVE  
WEST PALM BEACH, FL 33407

Mailing Address  
4415 WESTROADS DRIVE  
WEST PALM BEACH, FL 33407

2. Principal Place of Business

5008 W. Linebaugh Ave.

Suite, Apt. #, etc.

Suite 41

City & State  
Tampa, FL

Zip

33624

Country

Hillsborough

3. Mailing Address

5008 W. Linebaugh Ave.

Suite, Apt. #, etc.

Suite 41

City & State  
Tampa, FL

Zip

33624

Country

Hillsborough

4. FEI Number  
65-0927957

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOTH, KATALIN  
4415 WESTROADS DRIVE  
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name  
Marcus A. Sness  
Street Address (P.O. Box Number is Not Acceptable)  
5008 W. Linebaugh Ave.  
Suite 41  
City  
Tampa FL Zip Code  
33624

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]*

February 10<sup>th</sup> 2003

NOTE: Registered Agent's name and address must be included.

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FILE NOW WITH FEE \$3.150.00  
ARAY May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME          | STREET ADDRESS       | CITY-ST-ZIP               | <input checked="" type="checkbox"/> Delete |
|-------|---------------|----------------------|---------------------------|--------------------------------------------|
| P     | TOTH, KATALIN | 4415 WESTROADS DRIVE | WEST PALM BEACH, FL 33407 |                                            |
| VP    | TOTH, JOHN    | 4415 WESTROADS DRIVE | WEST PALM BEACH, FL 33407 |                                            |
|       |               |                      |                           | <input type="checkbox"/> Delete            |
|       |               |                      |                           | <input type="checkbox"/> Delete            |
|       |               |                      |                           | <input type="checkbox"/> Delete            |
|       |               |                      |                           | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS                  | CITY-ST-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|-----------------|---------------------------------|-----------------|------------------------------------------------------------------------------|
| P     | Marcus A. Sness | 5008 W. Linebaugh Ave, Suite 41 | Tampa, FL 33624 |                                                                              |
|       |                 |                                 |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                 |                                 |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                 |                                 |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                 |                                 |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                 |                                 |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10<sup>th</sup> 2003

Date

Expiring Phone #

CR2E034 (10/02)

61.25