

1/8/01-90025-013-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000053073**

1. Entity Name

INMED TECHNOLOGY, INC.

Principal Place of Business

**8930 ROAN LANE EAST
INVERNESS FL 33450**

Mailing Address

**8930 ROAN LANE EAST
INVERNESS FL 33450**

2. Principal Place of Business

8930 Roan Lane E.

Suite, Apt. #, etc.

3. Mailing Address

8930 Roan Lane E.

Suite, Apt. #, etc.

City & State

Inverness FL

City & State

Inverness FL

Zip

33450

Country

USA

Zip

33450

Country

USA4. FEI Number **59-3578801**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JUNKER, LARRY E
8930 ROAN LANE EAST
INVERNESS FL 33450**

7. Name and Address of New Registered Agent

Name

Spiegel & Utrera PA.

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

343 Almeric Ave

City

Coral Gables**FL**

Zip Code

33134

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.

Spiegel & Utrera, P.A.

SIGNATURE

By:

Lawrence J. Spiegel, President

(NOTE: Registered Agent signature required when resigning)

1/22/01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSYD	JUNKER, LARRY G	8930 ROAN LANE EAST	INVERNESS FL 33450	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

LARRY G. Junker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-01

Daytime Phone #

352-860-2619

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

01 JAN 24 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA