

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059624

1. Entity Name

STRETCHAIR PATIENT TRANSFER SYSTEMS, INC. *R*

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90009 022 \*\*\*150.00

Principal Place of Business

8110 ULMERTON RD.  
LARGO FL 33773

Mailing Address

8110 ULMERTON RD.  
LARGO FL 33773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*59-3584362*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVENREICH, DAVID C  
406 S. PROSPECT AVE.  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

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, 2000 Min. 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **SCORDATO, EMIL**  
CITY-ST-ZIP **1310 GULF BLVD., UNIT 18A**  
**CLEARWATER FL 33767**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☒ Addition  
NAME **P**  
STREET ADDRESS **KENNETH R. BUSSEY**  
CITY-ST-ZIP **1117 HUNTINGTON LANE**  
**SAFETY HARBOR, FL 34695**

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

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

TITLE ☐ Change ☐ Addition  
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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

*Kenneth R. Bussey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-10-00*  
Date

*727-531-2444*  
Daytime Phone #

P49000059624

A0067868



8110 Ulmerton Road • Largo, FL 33771-3944  
(800) 237-1162 • (727) 531-2444 • Fax (727) 536-0666  
[www.stretchair.com](http://www.stretchair.com)

July 11, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: STRETCHAIR PATIENT TRANSFER SYSTEMS, INC.  
DOCUMENT P99000059624  
2000 UNIFORM BUSINESS REPORT (URB)

Enclosed please find the above referenced document along with our company check in the amount of \$150.00.

In speaking with a representative from your department this morning I advised that we had never received the original report form. He instructed that we send the completed form along with a letter explaining that we had not received the original request. We were also instructed to include a check in the amount of \$150.00, which, I believe, was the original filing fee.

If you have any questions or need additional information please do not hesitate to call me at 727-531-2444.

Thank you.

Respectfully,

A handwritten signature in black ink, appearing to read "K. Bussey", is written over a horizontal line.

Kenneth R. Bussey  
President