

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064884

1. Entity Name

QUALITY VERSATILE MEDICAL CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90185 021 ***150.00

Principal Place of Business

122 E ALFRED STREET, SUITE 1
TAVARES FL 32778

Mailing Address

122 E ALFRED STREET, SUITE 1
TAVARES FL 32778-3211

2. Principal Place of Business

122 E. Alfred Street

3. Mailing Address

P.O. Box 1346

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Tavares, Fla.

City & State

Tavares, Fla.

Zip

Country

32778

USA

Zip

32778-1346

Country

USA

4. FEI Number

59-3595862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, FREDERICK W
122 E ALFRED STREET, SUITE 1
TAVARES FL 32778

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

Frederick W. Turner

02-29-00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS TURNER, FREDERICK W
CITY-ST-ZIP 545 DANIELS AVENUE
ORLANDO FL 32801

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CEVETELLO, JOE
CITY-ST-ZIP 5286 SLATER ROAD
SPRING HILL FL 34608

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Frederick W. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2000

Date

352-343-6202

Daytime Phone #

CR2E034 (9/99)