

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070609

1. Entity Name

MED GEAR, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90046 047 \*\*\*150.00

Principal Place of Business

Mailing Address

800 CORPORATE DRIVE  
SUITE 420  
FORT LAUDERDALE FL 33334

800 CORPORATE DRIVE  
SUITE 420  
FORT LAUDERDALE FL 33334-3621

2. Principal Place of Business

6620 NW 101<sup>ST</sup> Terrace

3. Mailing Address

6620 NW 101<sup>ST</sup> Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland, Florida

City & State

Parkland, Florida

Zip

33076

Country

US

Zip

33076

Country

US

4. FEI Number

65-0946242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NADEL, HOWARD B  
800 CORPORATE DRIVE  
SUITE 420  
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Randy Burks

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

6620 NW 101<sup>ST</sup> Terrace

City Parkland

FL

Zip Code 33076

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

*William R. Burks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

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

TITLE PRESIDENT ☐ Delete  
NAME RANDY BURKS (William R. Burks)  
STREET ADDRESS 6620 NW 101 Terr.  
CITY-ST-ZIP Parkland, FL 33076

TITLE SECRETARY ☐ Delete  
NAME KAREN BURKS  
STREET ADDRESS 6620 NW 101 Terr.  
CITY-ST-ZIP Parkland, FL 33076

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*William R. Burks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 954-755-9352

Date

Daytime Phone #

CR2E034 (9/99)