

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 044 \*\*\*150.00

DOCUMENT # P99000076358 ✓  
1. Entity Name

Meditran Express, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2930 166th Ave. N.

3. Mailing Address  
P.O. Box 17041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Clearwater, FL

City & State  
Clearwater, FL

4. FEI Number  
59-3592520

Applied For  
Not Applicable

Zip  
33760

Country  
USA

Zip  
33762

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Edward C. LaBrecque

Street Address (P.O. Box Number is Not Acceptable)  
1202 Nebraska Ave.

City  
Palm Harbor

FL

Zip Code  
34683

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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  
P/D  
Susan L. Degen  
2930 166th Ave. N.  
Clearwater, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan L. Degen Susan L. Degen 04/30/02 727-533-8973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)