

2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
May 21, 2001 8:00 am
Secretary of State

04-27-2001 90340 001 ***150.00

DOCUMENT # P99000103234

1. Entity Name

HEALTH SCREENING SERVICES, INC.

Principal Place of Business

11593 SHELLY CIR.
 SEMINOLE FL 33772

Mailing Address

11593 SHELLY CIR.
 SEMINOLE FL 33772

Changed as below

2. Principal Place of Business

11759 96th PLACE NORTH

3. Mailing Address

11759 96th PLACE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE, FLORIDA

City & State

SEMINOLE, FLORIDA

4. FEI Number

59-3610992

Applied For

Not Applicable

Zip

33772

Country

PINELLAS

Zip

33772

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGLUND, KARRIE
 11593 SHELLY CIR.
 SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name JOHN E. WATKINS (727) 319-6688

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

11759 96th PLACE NORTH

City SEMINOLE

Zip Code 33772

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 *KARRIE HOGLUND*
 Signature, typed or printed name of registered agent and title if applicable

JOHN E. WATKINS

(NOTE: Registered Agent signature required when retaining)

4/23/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	HOGLUND, KARRIE	
STREET ADDRESS	11593 SHELLY CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. WATKINS	
STREET ADDRESS	11759 96 th PLACE NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *KARRIE HOGLUND*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

CR2E034 (10/00)