

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90079 041 ***150.00

0034706

DOCUMENT # P99000111659

1. Entity Name
MEDICINE AVENUE, INC.

Principal Place of Business

Mailing Address

~~3242 TALA LOOP~~
~~LONGWOOD FL 32779~~

~~3242 TALA LOOP~~
~~LONGWOOD FL 32779~~

2. Principal Place of Business

528 So. Northlake Blvd
 Suite, Apt. #, etc.
1000

3. Mailing Address

528 So. Northlake Blvd
 Suite, Apt. #, etc.
1000

City & State

Altamonte Springs

City & State

Altamonte Springs

Zip

32701

Country

SEMINOLE

Zip

32701

Country

SEMINOLE

4. FEI Number

59-3627208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE RD, SUITE 100
MAITLAND FL 32751

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 \$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 **PSTD** ☐ Delete
 NAME **DRAZEN, ROBERT**
 STREET ADDRESS **3242 TALA LOOP**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **528 So. Northlake Blvd, #1000**
 CITY-ST-ZIP **Altamonte Springs, FL 32701**

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Drazen
ROBERT DRAZEN

4/20/01
 Date

Daytime Phone #

CR2E034 (10/00)