2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # \$29992 MEDICH ENTERPRISES, INC. 09-18-2000 90024 041 ***150.00 Mailing Address Principal Place of Cusiness 11318 CARROLWOOD DR 11318 CARROLWOOD DR TAMPA FL 33618-3753 TAMPA FL 336.8 H. A. 11 777 3. Mailing Address 2. Principal Place of Businest, DO NOT WRITE IN THIS SPACE Suite, Apt. #, atc. Suite, Apt. #, etc. 4 Applied For City & State 4. FEI Number City & State 59-3046795 Not Applicable 2.87.5.5. 9 - 194 194 - 195 \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 11 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEDICH, DAVID S Street Address (P.O. Box Number is Not Acceptable) 11318 CARROLLWOOD DR TAMPA FL 33618 Zip Code FL 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. ુંહ, 🦭 SIGNATURE AND Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corpora ion is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 ---Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Change ☐ Delete TITLE NAVE (1979) TITLE MEDICH, DAVID S NAME STREET ADDRESS STREET ADDRESS 11318 CARROLLWOOD DR CITY-ST-ZIP 1 CITY-ST-ZIP TAMPA FL ☐ Change ■ Addition Delete TITLE TITLE K. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-2IP 3 1 P. C. Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-Zi2 Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET AUGRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete MARKE NAME 1,2121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME ALLOSS ST HAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 13. I neeby 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 or 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

with an address, v/h all other like empowered.

changed, cron an attachme

SIGNATURE:

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