

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90519 004 ***150.00

DOCUMENT # V08547

1. Entity Name
FLORIMED OF TAMPA, INC.



Principal Place of Business
14620 N. NEBRASKA AVE.
BLDG. B
TAMPA FL 33613

Mailing Address
P O BOX 17135
TAMPA FL 33622
US

2. Principal Place of Business

15438 N. FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3100515**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FURLONG, RICHARD
14620 N. NEBRASKA AVE. BLDG. B
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name **RICHARD FURLONG**
Street Address (P.O. Box Number is Not Acceptable)
15438 NORTH FLORIDA, #104
City **TAMPA** FL **33613**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE DATE **01/07/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **J. WILLIAM BYRD**
STREET ADDRESS **1478 BRIAR OAKS TR**
CITY-ST-ZIP **ATLANTA GA 30329**

TITLE **T** ☐ Delete
NAME **FURLONG, RICHARD ALAN**
STREET ADDRESS **1019 GUI SANDO DE AVILA**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **DSV** ☐ Delete
NAME **FURLONG, RICHARD ALAN**
STREET ADDRESS **1019 GUI SANDO DE AVILA**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **01/07/2003 813-287-9996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)