

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90156 030 ***150.00

DOCUMENT # V22487

1. Entity Name

DEFINITIVE HEALTH SERVICES, INCORPORATED

Principal Place of Business

2699 LEE ROAD
 SUITE 230
 WINTER PARK FL 32789
 US

Mailing Address

2699 LEE ROAD
 SUITE 230
 WINTER PARK FL 32789
 US

2. Principal Place of Business

833 Highland Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Orlando, FL

Zip

32803

Country

U.S.A.

3. Mailing Address

833 Highland Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Orlando, FL

Zip

32803

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3114604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRADE, LORNA
 2699 LEE ROAD
 STE 230
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

833 Highland Ave.

Suite 100

City

Orlando

FL

Zip Code

32803

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

Lorna Grade / Lorna Grade, President 1/31/01

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 **D** ☐ Delete
 NAME **SCHMIDT, DONALD H.**
 STREET ADDRESS **7135 N BARNETT**
 CITY-ST-ZIP **MILWAUKEE WI 53217**

TITLE **DST** ☐ Delete
 NAME **STEWART, KIM**
 STREET ADDRESS **4665 LINCREST DR**
 CITY-ST-ZIP **BROOKFIELD WI 53045**

TITLE **DDC** ☐ Delete
 NAME **GRADE, LORNA J.**
 STREET ADDRESS **413 E. BIRCH AVENUE**
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE **DVD** ☐ Delete
 NAME **MCKINNON, MOLLY**
 STREET ADDRESS **4417 TIDEWATER DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
 NAME **LIVINGSTONE, SHARON**
 STREET ADDRESS **2001 PARK AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director / Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director / Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director / President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director / Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Lorna Grade / Lorna Grade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

(414) 332-1893

CR2E034 (10/00)