

2000-UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # V31910

1. Entity Name
SUN MEDICAL SUPPLY, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
411 BARCLAY AVE
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business 3. Mailing Address
411 BARCLAY AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL

Zip Country Zip Country
32701 SEMINOLE 32701 SEMINOLE

4. FEI Number 59-3120480 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MAGEE, JAMES M
226 HILLCREST STREET
ORLANDO FL 32801

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	300003361585-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEBING, ROBERT J		NAME	-08/18/00--01009--016	
STREET ADDRESS	411 BARCLAY AVE		STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP	ORLANDO FL 32711		CITY-ST-ZIP		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETZ, DANNY		NAME		
STREET ADDRESS	7135-237 YACHT BASIN AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ 7-24-00 407-767-0915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

KE

202

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

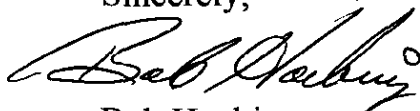
To Whom It May Concern,

Please note that I submitted my Uniform Business Report when it was due this past year.

Per conversations with your office I was instructed to re-submit the form with the \$150.00 amount due as your office has no record of my submission.

Please record this transaction per your request.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bob Hoebing".

Bob Hoebing
Sun Medical Supply