

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58783

1. Entity Name

EXPERT-MED INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90120 034 \*\*\*150.00

Principal Place of Business

Mailing Address

400 ANDALUSIA AVENUE  
ORMOND BEACH 32174

400 ANDALUSIA AVENUE  
ORMOND BEACH 32174-6206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3143422

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEATING, PETER  
528 NORTH HALIFAX AVENUE  
DAYTONA BEACH FL 32118

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D + ~~ELLIS~~  
ELLIS, FREDERICK F.  
STREET ADDRESS 400 ANDALUSIA AVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE NAME ☐ Change ☒ Addition  
CED  
ELLIS, FREDERICK F.  
STREET ADDRESS 400 ANDALUSIA AVE  
CITY-ST-ZIP ORMOND Bch, FL 32174

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
PRESIDENT - TREASURER  
DAVIES, ALLAN G.  
STREET ADDRESS 3100 N. JOHN ANDERSON  
CITY-ST-ZIP ORMOND Bch, FL 32176

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
V. PRESIDENT  
STUBBINS, William L.  
STREET ADDRESS 400 ANDALUSIA AVE  
CITY-ST-ZIP ORMOND Bch, FL 32174

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
V. PRESIDENT - SECRETARY  
GRESHAM, BRENDA J.  
STREET ADDRESS 400 ANDALUSIA AVE  
CITY-ST-ZIP ORMOND Bch, FL 32174

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

**SIGN HERE**

CR2E034 (9/99)