

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90094 043 ***158.75

DOCUMENT # 455577

1. Entity Name

GOLD COAST RESPIRATORY EQUIPMENT, INC.

R

Principal Place of Business

**4100 NORTH POWERLINE
 J-1
 POMPANO BEACH FL 33073
 US**

Mailing Address

**4100 NORTH POWERLINE
 J-1
 POMPANO BEACH FL 33073
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1539667

Applied For

Not Applicable

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

**MURRAY, WILLIAM D
 300 SW 66TH AVE
 MARGATE FL 33068**

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

William D. Murray
 Signature typed or printed name of registered agent and title if applicable.
WILLIAM MURRAY

SEC/TREASURER
 (NOTE: Registered Agent signature required when reinstating)

8/8/2000
 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 \$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 | STD | <input type="checkbox"/> Delete |
| NAME | NICHOLS, JAMES J. | |
| STREET ADDRESS | 280 SE 9TH STREET | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MURRAY, WILLIAM D | |
| STREET ADDRESS | 300 SW 66TH AVE | |
| CITY-ST-ZIP | MARGATE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NEWBECK, PATRICK E | |
| STREET ADDRESS | 22500 SW 56TH AVE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

William D. Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREASURER
 DATE

8/8/2000
 954-972-8886
 Daytime Phone #

CR2E034 (5/00)

Attachment Doc# : 455577
A0072367

Gold Coast Respiratory Equipment, Inc.
4100 N. Powerline Road, # J-1
Pompano Beach, FL 33073

August 8, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

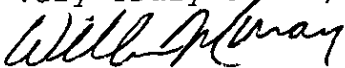
Re: Gold Coast-Respiratory Equipment, Inc. (455577) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Thank you for your assistance.

Very Truly Yours,



William Murray, Secretary/Treasurer