

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 572136

1. Entity Name

WILLIAMS' RESPIRATORY SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90074 044 ***150.00

Principal Place of Business

4301 32 ST. W.
SUITE C-6
BRADENTON FL 34205
US

Mailing Address

4301 32 ST. W.
SUITE C-6
BRADENTON FL 34205-2748
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 59-1821412

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

WILLIAMS, RONALD L
4301 32ND STREET WEST
SUITE C-6
BRADENTON FL 34205

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 PD ☐ Delete
NAME WILLIAMS, RONALD L
STREET ADDRESS 5011 21ST AVE W
CITY-ST-ZIP BRADENTON FL

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

TITLE D ☒ Delete
NAME WILLIAMS, TODD J
STREET ADDRESS 5011 21ST AVE. WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Change ☒ Addition
NAME WILLIAMS, TROY D/TREASURER
STREET ADDRESS 4301 32 ST W
CITY-ST-ZIP Suite C-6
BRADENTON, FL 34205-2748

TITLE D ☐ Delete
NAME FAMADAS, NELSON
STREET ADDRESS 9805 NW 52ND ST. APT. 404
CITY-ST-ZIP MIAMI FL 33178

TITLE ☒ Change ☐ Addition
NAME D/PRESIDENT
STREET ADDRESS 4702 SW 94 AVE
CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☐ Delete
NAME DEARMAS, ROGER
STREET ADDRESS 10378 NW 46TH TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☒ Change ☐ Addition
NAME D/SECRETARY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 687, 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 #

CR2E034 (9/99)