2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93808 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name BUTTERFIELD OXYGEN AND MEDICAL EQUIPMENT, INC. 08-02-2000 90125 045 ***550.00 Principal Place of Business Mailing Address 1161 SOUTH U.S. #1 1161 SOUTH U.S. #1 FT. PIERCE FL 34950 FT. PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2442591 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1161 SOUTH U.S. #1 FT. PIERCE FL 34850 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 60 ☐ Change Addition Delete TITLE TITLE A Wright David CROSS, MAX E. NAME NAME 5. 45 Hwy 1 2260 MAGANS OCEAN WALK STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-7IP CITY-ST-7IP TITLE VP Change | TITLE ☐ Defete NAME NAME Harmody STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.