

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90540 028 ***150.00

DOCUMENT # K74001

1. Entity Name
RESPIRATORY PHARMACEUTICALS, INC.

Principal Place of Business 3156 S ORANGE AVE #B ORLANDO FL 32806	Mailing Address 3156 S ORANGE AVE #B ORLANDO FL 32806
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2. Principal Place of Business 631 E. OAKRIDGE RD	3. Mailing Address 631 E. OAKRIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32809	Country
Country	Zip 32809
Country	Country

4. FEI Number **59-2936576** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OSTNER, CHARLES F., JR.
 6815 SEMINOLE DR
 ORLANDO FL 32812**

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 _____ (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, 2001 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

TITLE	DP <input type="checkbox"/> Delete
NAME	OSTNER, CHARLES F. JR
STREET ADDRESS	6815 SEMINOLE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	DST <input type="checkbox"/> Delete
NAME	GRODSKI, WILLIAM J.
STREET ADDRESS	1836 SENECA BLVD
CITY-ST-ZIP	WINTER SPGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	OSTNER, PATRICIA L.
STREET ADDRESS	6815 SEMINOLE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> Delete
NAME	GRODSKI, JOAN C
STREET ADDRESS	1836 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 J Grodski* **2/20/01** **407-857-7121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)