

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90463 048 \*\*\*150.00

768904

DOCUMENT # P00000065674

1. Entity Name  
 Elite Respiratory and Medical Supplies, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 8637 Regency Park Blvd  
 3. Mailing Address P.O. Box 280

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Port Richey, FL City & State New Port Richey, FL

Zip 34668 Country Pasco Zip 34656 Country Pasco

4. FEI Number 59-3657516 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

Laura Frey  
 8637 Regency Park Blvd.  
 Port Richey, FL 34668

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 *Laura Frey* 4/27/01  
 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 IN FEES \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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	Director	<input type="checkbox"/> Delete
NAME	Cindy R. McCallum	
STREET ADDRESS	7910-Dale Rd	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Laura Frey	
STREET ADDRESS	7508 Halland St	
CITY-ST-ZIP	New Port Richey, FL 34653	
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: *Laura Frey* 4/27/01 787-859-0123  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)