

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000073504

FILED  
Mar 26, 2003  
Secretary of State

Entity Name: ASAP HOME OXYGEN, INC.

**Current Principal Place of Business:**

KRESS BLDG, SUITE M-8  
475 CENTRAL AVENUE  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA, PA  
475 CENTRAL AVENUE, SUITE M8  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 59-3662761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASCARA, ERNEST L  
KRESS BLDG, SUITE M-8  
475 CENTRAL AVENUE  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: MASCARA, ERNEST L  
Address: KRESS BLDG, STE M-8, 475 CENTRAL AVE  
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: P ( ) Delete  
Name: MYERS, JOSEPH  
Address: 3349 118TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33716 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: MYERS, JOSEPH  
Address: 2820 SCHERER DRIVE NORTH, SUITE 220  
City-St-Zip: ST. PETERSBURG, FL 33716 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MYERS

P

03/26/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date