

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90015 029 ***150.00

DOCUMENT # P00000088388

1. Entity Name

STENBARR RESPIRATORY SERVICES, INC.

Principal Place of Business

**319 RIVEREDGE BLVD. STE 218
COCOA FL 32922**

Mailing Address

**319 RIVEREDGE BLVD. STE 218
COCOA FL 32922**

2. Principal Place of Business

14350 CARLSON CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

14350 CARLSON CIRCLE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33626

Country

US

Zip

33626

Country

US

4. FEI Number

59-3672467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARR, WILLIAM
319 RIVEREDGE BLVD, STE 218
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17816 WILLOW LAKE DRIVE

City

ODESSA

FL

Zip Code

33556

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, 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 **P** ☐ Delete
NAME **STENBERG, ANDREW**
STREET ADDRESS **319 RIVEREDGE BLVD, STE 218**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **VS** ☐ Delete
NAME **BARR, WILLIAM**
STREET ADDRESS **319 RIVEREDGE BLVD, STE 218**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4505 ROANOAK WAY**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **VS D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **17816 WILLOW LAKE DRIVE**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **TD** ☐ Change ☒ Addition
NAME **SWANER, JOHN**
STREET ADDRESS **395 NEWPORT DRIVE**
CITY-ST-ZIP **INDIALANTH, FL 32903**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW STENBERG

3/15/01

Date

(813) 854-2555

Daytime Phone #

CR2E034 (10/00)

0079210