

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088869

1. Entity Name
SPECTRUM MEDICAL AND RESPIRATORY, INC.

Principal Place of Business
8253 ULMERTON ROAD
LARGO FL 33771

Mailing Address
8253 ULMERTON ROAD
LARGO FL 33771

2. Principal Place of Business
8253 Ulmerton Rd
Suite, Apt. #, etc.

3. Mailing Address
8253 Ulmerton Rd
Suite, Apt. #, etc.

City & State
Largo, FL 33771
Zip Country
33771 USA

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Largo, FL 33771
Zip Country
33771 USA

4. FEI Number
59-3671014
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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Mary Shores
Street Address (P.O. Box Number is Not Acceptable)
8253 Ulmerton Rd
City
Largo FL Zip Code
33771

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: Mary Shores Mary Shores DATE: 03-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHORES, MARY 8253 ULMERTON ROAD LARGO FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Shores Mary Shores DATE: 03-16-01 Daytime Phone #: 787-5385551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91109 036 ***150.00