

# 2001 UNIFORM BUSINESS REPORT-(UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90189 028 \*\*\*150.00

**DOCUMENT # P00000091399**

1. Entity Name

UNIVERSAL OXYGEN, INC.

Principal Place of Business

530 COMMERCE DRIVE STE A  
 LARGO FL 33770

Mailing Address

530 COMMERCE DRIVE STE A  
 LARGO FL 33770

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3702640

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

ALTON M. MAGLIO, P.A.  
 22 SOUTH TUTTLE AVE STE 4  
 SARASOTA FL 34237

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
 DCEO  
 MARKS, DONALD H MD PHD  
 1521 FAIRWAY VIEW DRIVE  
 HOOVER AL 35244 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
 D  
 BARNETT, JOHN F  
 1675 INDEPENDENCE BLVD  
 SARASOTA FL 34234 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
 DV  
 DICKSON, NORMAN  
 530 COMMERCE DRIVE STE A  
 LARGO FL 33770 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
 D  
 MCCOY, ROBERT  
 3953 WEST 143RD STREET  
 SAVAGE MN 56378 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ 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: *Donald H. Marks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 May 01

Date

2052831688

Daytime Phone #

CR2E034 (10/00)