

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084584

1. Entity Name

SUPERIOR OXYGEN & MEDICAL SUPPLY, INC.

Principal Place of Business

8271 CRESAP ST
BROOKSVILLE FL 34613

Mailing Address

8271 CRESAP ST
BROOKSVILLE FL 34613

2. Principal Place of Business

626 West Jefferson St. 8271 CRESAP ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

Zip

34601

Country

Hernando

Zip

34613

Country

Hernando

6. Name and Address of Current Registered Agent

MILLER, ROBERT L JR.
8271 CRESAP ST
BROOKSVILLE FL 34613

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, 2002 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 President
NAME Guillermo F. Uribe
STREET ADDRESS 932 Cedar Drive
CITY-STATE-ZIP Brooksville FL 34601

TITLE V.P./Sec/Treasurer
NAME Robert L. Miller Jr.
STREET ADDRESS 8271 CRESAP ST.
CITY-STATE-ZIP Brooksville FL 34613

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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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

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91503 047 ***150.00

96224



DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)