

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90359 017 \*\*\*150.00

**DOCUMENT # P01000087037**

1. Entity Name  
**PULMOCAIR RESPIRATORY, INC.**

Principal Place of Business

**3300 SW 46TH AVE.  
 DAVIE FL 33314**

Mailing Address

**3300 SW 46TH AVE.  
 DAVIE FL 33314**

2. Principal Place of Business

**1405 Poinsettia Dr Ste 9-10  
 Suite, Apt. #, etc. Ste 9-10**

3. Mailing Address

**1405 Poinsettia Dr  
 Suite, Apt. #, etc. Ste 9-10**

City & State

**Delray Beach, FL 33444**

City & State

**Delray Beach FL**

Zip

**33444**

Country

**US**

Zip

**33444**

Country

**US**

6. Name and Address of Current Registered Agent

**GRAY, REID  
 3300 SW 46TH AVE.  
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **Jon Fedele**  
 Street Address (P.O. Box Number is Not Acceptable) **740 Mockingbird Ln.**  
 City **Plantation FL 33324** Zip Code **33324**

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 **Jon Fedele** **PRESIDENT**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/05/02**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Reid Gray 3300 SW 46TH AVE DAVIE, FL 33314</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steven F. Lica VP 5162 NW 127TH Terr. Coral Springs, FL 33067</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jonathan Fedele 740 Mockingbird Ln. Plantation FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Kyle M. Ro 537 SW 29TH Ave Delray Beach, FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jon Fedele** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/05/02** **(561) 274-9664**

Date

Daytime Phone #

CR2E034 (9/01)