

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90203 004 ***150.00

DOCUMENT # **P01000098793**

1. Entity Name

HME Providers, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 Armstrong

3. Mailing Address

P.O. Box 5538

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

Zip

32780

Country

Brevard

Zip

32780

Country

Brevard

4. FEI Number

59-3753147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard W. Storm

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

8716 Jasmine Court

City

Cape Canaveral

FL

Zip Code

32920

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard W. Storm

Richard W. Storm

5-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C/P
Michael Sowards
7754 Windover Way
Titusville, FL 32780**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sowards

Date

Daytime Phone #

5-27-03 321-267-7576

CR2E034B (12/02)