

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 033 ***150.00

DOCUMENT # *P02000063373*

1. Entity Name
A-1 Durable Medical Equipment and Supplies, Inc.

DO NOT WRITE IN THIS SPACE

11017717

2. Principal Place of Business

1771 Blount Road

3. Mailing Address

Same

Suite, Apt. #, etc.

A210

Suite, Apt. #, etc.

City & State

Pompano, Florida

City & State

4. FEI Number

32-0017463

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

Name

Same

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

City

FL

Zip

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)

January 1 - May 1 Fee is \$150.00

After MAY 1, 2001 Fee is \$550.00

Amended UBR is \$61.25

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

President, V.P., Secretary
Emilio Collazo
1771 Blount Road, #A210
Pompano, Florida 33069

☐ Delete

TITLE
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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

Emilio Collazo