

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90144 022 ***150.00

DOCUMENT # P02000104280

1. Entity Name
EAGLE OXYGEN & HOME MEDICAL EQUIPMENT, INC.



Principal Place of Business

~~3210 S ROSE AVE~~
~~INVERNESS FL 34450~~

Mailing Address

~~3210 S ROSE AVE~~
~~INVERNESS FL 34450~~

2. Principal Place of Business

208 W. TOMPKINS

3. Mailing Address

208 W. TOMPKINS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34450

Country

USA

Zip

34450

Country

USA

4. FEI Number

16-1628337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MCDANIEL, MAURICE~~ **BOB LANE ACCOUNTING**
~~3210 S ROSE AVE~~ **400 TOMPKINS ST**
~~INVERNESS FL 34450~~ **INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name **BOB LANE ACCOUNTING**
Street Address (P.O. Box Number is Not Acceptable)
400 TOMPKINS STREET
City **INVERNESS** FL Zip Code **34450**

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 **Robert C. Lane Jr.**

(NOTE: Registered Agent signature required when reinstating)

3-24-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	MCDANIEL, MAURICE
STREET ADDRESS	3210 S ROSE AVE
CITY-ST-ZIP	INVERNESS FL 34450
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAURICE MCDANIEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 352-860-0505

Date

Daytime Phone #

CR2E034 (10/02)