

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90014 028 ***150.00

DOCUMENT # P92000014594

1. Entity Name
ADVANCED HOME OXYGEN AND MEDICAL EQUIPMENT, INC.

Principal Place of Business

3462 FOWLER ST
 FORT MYERS FL 33901
 US

Mailing Address

3462 FOWLER ST
 FORT MYERS FL 33901
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0378334**

Applied For

Not Applicable

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

~~HILL, ROBERT O~~
~~2115 MAIN ST.~~
 FT. MYERS FL 33901

Name **John Wilkinson**

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

2362 MORENO AVE

City **Ft. Myers**

FL

Zip Code
33901

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVT
 BAKELMAN, JEROLD S
 15 ROBERT LN
 LEHIGH ACRES FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 WILKINSON, JOHN M
 2362 MORENO AVE.
 FORT MYERS FL 33901** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 WILKINSON, JOHN M
 2362 MORENO AVE
 FORT MYERS, FL 33901** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SECRETARY -
 AL BAKELMAN
 176 PRESCH I
 Deerfield Beach, FL 33442** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 941-278-0060

CR2E034 (10/00)