2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P93000018279 AMERICAN OXYGEN SERVICES INC. 03-14-2000 90065 045 ***150.00 Mailing Address Principal Place of Business P.O. BOX 536576 4506 L.B. MCLEOD ROAD ORLANDO FL 32853-6576 SUITE F A0029156 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0400994 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition ☐ Delete TITLE TITLE GRIGGS, STEPHEN P NAME NAME 4506 LB MCLEOD ROAD, SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZIOMEK, JANET L NAME NAME 4506 LB MCLEOD ROAD SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NOVELL, N. SCOTT NAME NAME 4506 LB MCLEOD ROAD SUITE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Change ☐ Addition ☐ Delete TITLE TITLE LEVIN, MARC NAME NAME 910 Ridgebrook Road 10065 RED RUN BLVD. STREET ADDRESS STREET ADDRESS Sparks, MD 21150 CITY-ST-ZIP CITY-ST-ZIP **OWINGS MILLS MD 21117** 🔀 Change ☐ Addition ☐ Delete TITLE TITLE. **ELKINS, MARSHALL** NAME NAME 1910 Ridgebrook Road STREET ADDRESS STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP **OWINGS MILLS MD 21117** Sparks, MD 21152 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

N. Scott Nevell 2/14/00 SIGNATURE: