

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041992

1. Entity Name

EASYFLOW AIRWAY SYSTEMS, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90008 006 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2112 16TH STREET N
ST PETERSBURG FL 33704
US

Mailing Address

P.O. BOX 2010
PALM HARBOR FL 34682-2010
US

2. Principal Place of Business

3. Mailing Address

2112 16th St. No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. P

City & State

City & State
St. Petersburg FL

4. FEI Number

59-3190388

Applied For

Not Applicable

Zip

Country

Zip

Country

33704

Pineblm

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

PELL, PAULA MD
2112 16TH STREET NORTH
ST PETERSBURG FL 33704

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
VD
PELL, DONALD M.D.
612 FLORIDA AVENUE
PALM HARBOR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PELL, PAULA M.D.
612 FLORIDA AVENUE
PALM HARBOR FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HOWARD, SUSAN B
612 FLORIDA AVENUE
PALM HARBOR FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 empowered.

SIGNATURE:

Paula Pell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.12.2000

Date

727-84-2171

Daytime Phone #

CR2E034 (5/00)