

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050101

1. Entity Name

HOME PATIENT SUPPLY, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90049 033 \*\*\*150.00

Principal Place of Business

Mailing Address

509 S CHICKASAW TRAIL  
ORLANDO FL 32825

509 S CHICKASAW TRAIL  
ORLANDO FL 32825-7801

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

59-3164135

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

ANDERSON, LARRY C  
2941 W ST RD 434  
LONGWOOD FL 32779

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

*Michael D. McCall* (Secretary/Treasurer)  
*Michael D. McCall*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/18/00*

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	WOOLEY, STEVEN A	
STREET ADDRESS	2180 BLACK HAMMOCK RD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, MICHAEL D	
STREET ADDRESS	2722 MILLICAN DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

*Michael D. McCall* (Secretary/Treasurer)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/00* (407) 275-3613  
DATE Daytime Phone #

CR2E034 (9/99)