

mented
2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-13-2003 90058 049 ****70.00

P93000050101

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 18 PM 2:42

DOCUMENT # P93000050101

1. Entity Name

Home Patient Supply, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7006 Stapoint Ct.

3. Mailing Address
7006 Stapoint Ct.

Suite, Apt. #, etc.
Unit D

Suite, Apt. #, etc.
Unit D

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. FEI Number 59-3164135

Applied For
Not Applicable

Zip
32792

Country
USA

Zip
32792

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Alan G. Willsey

Street Address (P.O. Box Number is Not Acceptable) 7006 Stapoint Ct.

Unit D

City Winter Park

FL

Zip Code 32792

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

Alan G. Willsey

Alan G. Willsey
President

June 10, 2003

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P/S/D Alan G. Willsey 7006 Stapoint Ct. Unit D Winter Park, FL 32792
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan G. Willsey

Alan G. Willsey, President June 10, 2003 (407)657-0629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)

6/18