

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038464

1. Entity Name

CARDIO PULMONARY RESOURCES INC.

Principal Place of Business

Mailing Address

13005 SOUTHERN BLVD
SUITE 233
LOXAHATCHEE FL 33470

13005 SOUTHERN BLVD
SUITE 233
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

12953 Palms West drive

12953 Palms West drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Loxahatchee, FL

Loxahatchee

Zip

Country

Zip

Country

33470

FL, S.

33470

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARLAND, MICHAEL T
2049 POLO GARDENS DR
#108
WELLINGTON FL 33414

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 \$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

TITLE	PDS	<input type="checkbox"/> Delete
NAME	MICHAEL T. HARLAND	
STREET ADDRESS	2049 POLO GARDENS DR #108	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Michael T. HARLAND

01/05/01 561-791-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90148 023 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)