## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE:

## Jan 29, 2002 8:00 am P94000038464 DOCUMENT # **Secretary of State** 1. Entity Name 01-29-2002 90054 026 \*\*\*158.75 CARDIO PULMONARY RESOURCES INC. Principal Place of Business Mailing Address 12953 PALMS WEST DRIVE. SUITE #202 12953 PALMS WEST DRIVE, SUITE #202 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0498819 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARLAND, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 2049 POLO GARDENS DR #108 **WELLINGTON FL 33414** City 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE PDS ☐ Delete TITLE MICHAEL T. HARLAND NAME 2049 POLO GARDENS DR #108 STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 Historeport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**