

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90133 014 \*\*\*150.00

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>DOCUMENT # P94000043413</b>  |   |  |                           |
| 1. Entity Name<br><b>BREATHE EASY AIR, INC.</b>   |   |  |                           |
| Principal Place of Business<br><b>7040 15TH ST E<br/>#4<br/>SARASOTA FL 34243<br/>US</b>  |   | Mailing Address<br><b>7137 40TH LANE EAST<br/>SARASOTA FL 34243<br/>US</b>   |                           |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. <b>#9</b>   |   | 3. Mailing Address<br><b>13614 2nd Ave NE</b><br><br>Suite, Apt. #, etc. <b>#101</b>   |                           |
| City & State<br><br><b>#9</b>   |   | City & State<br><b>Bradenton, FL</b>   |                           |
| Zip<br><b>34212</b>   | Country   | Zip<br><b>34212</b>  | Country<br><b>Manatee</b> |
| 6. Name and Address of Current Registered Agent<br><br><b>MURPHY, JEFFREY<br/>4935 47TH AVE. WEST, #1304<br/>BRADENTON FL 34210</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |                           |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br>(See criteria on back)  |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>      |                           |
|   |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                         |                           |
| 11. OFFICERS AND DIRECTORS  |   |  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>MURPHY, JEFFREY</b><br><b>7137 40TH LANE EAST</b><br><b>SARASOTA FL</b> | <input type="checkbox"/> Delete  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD</b><br><b>MURPHY, LISA L.</b><br><b>7137 40TH LANE E</b><br><b>SARASOTA FL</b>   | <input type="checkbox"/> Delete  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                           |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>13614 2nd Ave NE</b><br><b>Bradenton, FL 34212</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>13614 2nd Ave NE</b><br><b>Bradenton, FL 34212</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____  |   | <b>1-12-02</b><br>Date   |                           |
| TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | <b>941-798-3828</b><br>Daytime Phone #   |                           |



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)