## 2000 UNIFORM BUSINESS REPORT (UBR)

COCUMENT # P9500007716  1. Entity Name A&S RESPIRATORY MEDICAL SUPPLY, INC.					FILED  SECRETARY OF STATE  DIVISION OF CORPORATIONS			
Principal Place of Business 2519 E. SEMRON BLVD. APOPKA FL 32703		Mailing Address P.O. BOX 2321 APOPKA FL 32704				00 JUL 1	7 AM 9:11	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			С	OO NOT WRITE IN	I THIS SPACE	
City & State		City & State			4. FEI Number	59-3294263	<u> </u>	plied For
Zip	Country	Zip ·	Country		5. Certificate of Star	tus Desired [	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent		- 1	7. Name and Addre	ss of New Regis		
1096	BINSON, ALEX BINSON, BINSON,	·	Street Address: (i		Her Carden FL Zip Code 787.			
	named entity submits this statement fo	or the purpose of changing its	registered office	or registered	agent, or both, in th	ie State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTe	E: Registered Agent sign	ature required wh	en 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!!!  After SEPTEMBER 13, 6  Make Check Payable			•	l be \$750.0		Campaign Financia d Contribution.		O May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, ALEX 1096 MILL RUN CIRCLE APOPKA FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A(4)	ident O Robinson O V. Colon terparden	SR. in 1 Dr. So Fl. 3441	140 Change 140 87	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, SHANEL 1096 MILL RUN CIRCLE APOPKA FL 32703	₽ Delete	TITLE . NAME . STREET ADDRESS . CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	74 0114.12 02700	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADORESS		ع جو بيد، يعد		Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-SP-ZIP	6	127/00	90004	0.37 /	150.00
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusted emp or on an attachment with an address	s true and accurate and that report of to execute this report with all other like empowered	r tne exemption st ity signature shall as required by Ch	ated in Secti have the sar napter 607, F	ion 119.07(3)(i), Flor me legal effect as if Florida Statutes; and	ida Statutes. I furt made upder oath; that my name app	rier certify that the ir that I am an officer pears in Block 11 or	or director Block (2)
SIGNAT		PRINTED NAME OF SIGNAND OFFICER	OR DIRECTOR			<u> </u>	Daytime Phone #	12/1/2

## **A&S RESPIRATORY MEDICAL SUPPLIES**

13330 W. COLONIAL DR. WINTER GARDEN, FL 34787 407-905-5449

July 13, 2000

Andy Dunlap Division of Corporations 409 E. Gains St. Tallahassee, FL 32313

Mr. Dunlap

Annual Report was mailed to the wrong address. I called and reported this to Chris and Linda, who informed me that I needed to send a letter stating that the Annual Report went to the wrong address.

Sincerely,

Alex Robinson Vice-President