

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500000 7716

1. Entity Name *AdS Respiratory Medical Supply, Inc.*

FILED

03 APR 29 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2519 E. SEMORAN BLVD*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*APOPKA, FL 32703*

City & State

4. FEI Number

*59-3294263*

Applied For

Not Applicable

Zip

*32703*

Country

*U.S.*

Zip

Country

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

*Alex ROBINSON*

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

*2519 E. SEMORAN BLVD*

City

*APOPKA*

**FL**

Zip Code

*32703*

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 *PRESIDENT, ALEX ROBINSON S.*  
NAME  
STREET ADDRESS *2519 E. SEMORAN BLVD*  
CITY-ST-ZIP *APOPKA, FL 32703*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000018668620**  
**05/09/03--01020--022 \*\*450.00**

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)