

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90131 021 ***150.00

DOCUMENT # P95000009140

1. Entity Name
FLORIDA OXYGEN, INC.

Principal Place of Business

206 S PINE AVE
INVERNESS FL 34452

Mailing Address

P. O. BOX 1372
CRYSTAL RIVER FL 34423
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 S. Pine Ave

3. Mailing Address

P.O. Box 1372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness FL

City & State

Crystal River FL

4. FEI Number

59-3310898

Applied For

Not Applicable

Zip

34452

Country

USA

Zip

34423

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, MORRIS
8405 N PINE HAVEN PT
SUITE 1
CRYSTAL RIVER FL 34428

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WASSON, CLYDE W	
STREET ADDRESS	7708 S SHORE ACRES PT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANTON, MORRIS	
STREET ADDRESS	8405 N PINE HAVEN PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
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"/> 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	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICE McDANIEL	
STREET ADDRESS	3210 ROSE AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
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 an other like empowered.

SIGNATURE:

MORRIS STANTON 3-1-02 (352) 637-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)