2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)
Document # P95000021698

* AMENDED *

Entity Name
UNIVERSAL RESPIRATORY INC.

FILED
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Principal Place of Business
7154 N. UNIVERSITY DR.
SUITE #223
TAMARAC, FL 33321 US

Mailing Address
7154 N. UNIVERSITY DR.
SUITE #223
TAMARAC, FL 33321 US

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0574638 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEGROFF, SHARRY
1900 N. OCEAN BLVD
APT#614
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	DEGROFF, SHARRY	3111 NE 29TH ST APT 4	FORT LAUDERDALE, FL 33308	[ ] Delete
				[ ] Delete
				[ ] Delete
				[ ] Delete
				[ ] Delete
				[ ] Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
D	Jennifer Degroff	3111 NE 29 ST APT 4	Ft Lauderdale FL 33308	[ ] Change	[X] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 8-6-03 954-234-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #