

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90024 042 ***150.00

DOCUMENT # P95000024426

1. Entity Name

FLORIDA OXYGEN & DME SUPPLIES, INC.

Principal Place of Business

206 S. PINE AVE.
 INVERNESS FL 34452
 US

Mailing Address

P. O. BOX 1372
 CRYSTAL RIVER FL 34423
 US

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

59-3373324

Applied For

Not Applicable

Zip

34452

Country

FL

Zip

34423

Country

FL

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
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **WASSON, CLYDE W**
 CITY-ST-ZIP **7708 S. SHORES ACRE PT**
FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **STANTON, MORRIS**
 CITY-ST-ZIP **8405 N PINE HAVEN PT**
CRYSTAL RIVER FL 34428

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **MAURICE McDAMEL**
 CITY-ST-ZIP **3210 Rose Ave**
INVERNESS FL 34450

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Morris Stanton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02 (352) 637-4651

CR2E034 (9/01)