

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90214 031 ***150.00

DOCUMENT # P95000049401

1. Entity Name

OXYGEN & RESPIRATORY THERAPY, INC.

Principal Place of Business

2828 CLARK ROAD
 SUITE ONE
 SARASOTA FL 34231
 US

Mailing Address

1701 S. ALEXANDER ST.
 SUITE 110
 PLANT CITY FL 33567
 US

2. Principal Place of Business

3. Mailing Address

2009 Airport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plant City, FL

4. FEI Number

65-0595078

Applied For

Not Applicable

Zip

Country

Zip

Country

33567

US

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

BANE, GREGORY ALAN
1701 SOUTH ALEXANDER STREET
SUITE 110
PLANT CITY FL 33567

Name
Bane, Gregory Alan

Street Address (P.O. Box Number is Not Acceptable)
2009 Airport Road

City
Plant City

FL

Zip Code
33567

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTSD
BANE, BEN W
3213 POLO PLACE
PLANT CITY FL 33567

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
BANE, GREGORY ALAN
2526 CRESTFIELD DR
VALRICO, FL 33594

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
JD
BANE, JIMMY DAVID
3102 JAP TUCKER RD
PLANT CITY, FL 33565

☐ Change ☒ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)