

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91380 004 ***150.00

04/28/03 AV

DOCUMENT # **P95000049401**



1. Entity Name
OXYGEN & RESPIRATORY THERAPY, INC.

Principal Place of Business: **2020 CLARK ROAD SUITE ONE SARASOTA FL 34231**
Mailing Address: **2009 AIRPORT ROAD PLANT CITY FL 33567 US**



2. Principal Place of Business: **2828 Clark Road Suite One**
3. Mailing Address: **607 South Alexander St.**

CHECK HERE IF MAKING CHANGES

City & State: **Sarasota, Florida**
City & State: **Plant City, Florida**
Zip: **34231** Country: **U.S.**
Zip: **33563** Country: **U.S.**

4. FEI Number: **65-0595078**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **BANE, GREGORY ALAN 2009 AIRPORT ROAD PLANT CITY FL 33567**
7. Name and Address of New Registered Agent: **Gregory Alan Bane 607 South Alexander Street Plant City FL 33563**

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: *Greg Bane* **GREGORY ALAN BANE** DATE: 4/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BANF, BEN W STREET ADDRESS: 3213 POLO PLACE CITY-ST-ZIP: PLANT CITY FL 33567	<input type="checkbox"/> Delete	TITLE: P/S/T/D NAME: Bane, Ben W. STREET ADDRESS: 3213 Polo Place CITY-ST-ZIP: Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BANE, GREGORY ALAN STREET ADDRESS: 2526 CRESTFIELD DRIVE CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE: V NAME: Bane, Gregory Alan STREET ADDRESS: 2625 Crestfield Drive CITY-ST-ZIP: Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BANE, JIMMY DAVID STREET ADDRESS: 3102 JAP TUCKER ROAD CITY-ST-ZIP: PLANT CITY FL 33565	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *BEN W. BANE* **BEN W. BANE** DATE: 4/25/03 (813) 707-6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BEN W. BANE, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SECRETARY/Treasurer**

CR2E034 (10/02)