

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

DOCUMENT # P95000049401

1. Entity Name
OXYGEN & RESPIRATORY THERAPY, INC.



Principal Place of Business
**2020 CLARK ROAD
SUITE ONE
SARASOTA FL 34231
US**

Mailing Address
**2009 AIRPORT ROAD
PLANT CITY FL 33567
US**



2. Principal Place of Business
**2828 Clark Road
Suite, Apt. #, etc.
Suite One**

3. Mailing Address
**607 South Alexander St.
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, Florida

City & State
Plant City, Florida

4. FEI Number **65-0595078**

Applied For
Not Applicable

Zip
34231

Country
U.S.

Zip
33563

Country
U.S.

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

Name
Gregory Alan Bane
Street Address (P.O. Box Number is Not Acceptable)
**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*
Signature, typed or printed name of registered agent and title if applicable.

GREGORY ALAN BANE

4/25/03

DATE

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANF, BEN W 3213 POLO PLACE PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BANE, GREGORY ALAN 2526 CRESTFIELD DRIVE VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANE, JIMMY DAVID 3102 JAP TUCKER ROAD PLANT CITY FL 33565	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Bane, Ben W. 3213 Polo Place Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bane, Gregory Alan 2625 Crestfield Drive Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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* **REQUIRED**

4/25/03

(813) 707-6869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)