

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R95000073777

1. Entity Name

RESPIRATORY HOMECARE, INC

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90486 018 ***150.00

Principal Place of Business

10907 US 92 EAST
SUITE 13
SEFFNER FL 33584
US

Mailing Address

710 OAKFIELD DR
#114
BRANDON FL 33595-0182
US

2. Principal Place of Business

125 CENTRAL DR
Suite, Apt. #, etc.

3. Mailing Address

1014 KAY JEAN DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRANDON FL

City & State

VALRICO FL

4. FEI Number

65-0610200

Applied For

Not Applicable

Zip

33510

Country

Hillsborough

Zip

33594

Country

Hillsborough

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

STALEY, WILLIAM C
1014 KAY JEAN DR
VALRICO FL 33594

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, 2000 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

TITLE P
NAME STALEY, WILLIAM C
STREET ADDRESS 1014 KAY JEAN DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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)(j), 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:

William C Staley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00 813 643-1938

CFR 1.034 (9/99)