

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90267 032 ***158.75

DOCUMENT # P96000085699

1. Entity Name
AMERICAN RESPIRATORY SOLUTIONS, INC.

Principal Place of Business
**1125 N. SUMMIT STREET
 CRESCENT CITY FL 32112**

Mailing Address
**1125 N. SUMMIT STREET
 CRESCENT CITY FL 32112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3409318**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PICKENS, JOE H
 222 NO 3RD ST
 PALATKA FL 32177**

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 **DVS** ☒ Delete
 NAME **FRAZER, NORMA J**
 STREET ADDRESS **148 FLORIDAN CLUB ROAD**
 CITY-ST-ZIP **WELAKA FL 32189**

TITLE **S** ☐ Change ☒ Addition
 NAME **WILLIAM E. BUTLER**
 STREET ADDRESS **229 KIRKWOOD AVE.**
 CITY-ST-ZIP **BONITA PARK, FL 32181**

TITLE **PD** ☐ Delete
 NAME **FLETCHER, WARREN D**
 STREET ADDRESS **ROUTE 309 CEDAR COVE**
 CITY-ST-ZIP **GEORGETOWN FL 32139**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: _____

WILLIAM E. BUTLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

(386) 698-3737
 Daytime Phone #

CR2E034 (9/01)