

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015781

1. Entity Name
ADVANTAGE HOME MEDICAL EQUIPMENT, INC.

Principal Place of Business
107 HATLEY ST
JENNINGS FL 32053

Mailing Address
P.O. BOX 611
JENNINGS FL 32053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JASPER FL

Zip Country

32052 Hamilton

4. FEI Number 59-3441440

Applied For
Not Applicable

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

BUTLER, WILLIE I
2363 NW 39TH STREET
JENNINGS FL 32053

Name

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

1369 Plum Street

City Jennings

FL

Zip 32053

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 Willie Butler

1-7-02

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 P
NAME BUTLER, WILLIE I
STREET ADDRESS 3263 NW 39TH ST
CITY-ST-ZIP JENNINGS FL 32053

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S/T
NAME BUTLER, SUE
STREET ADDRESS HWY 129 S.
CITY-ST-ZIP STATEVILLE GA

☐ Delete

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☐ 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: Willie Butler

1-7-02

386
792-2224

Date

Daytime Phone #

0586082 AT

CH2E034 (9/01)



DO NOT WRITE IN THIS SPACE