

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 028 ***158.75

DOCUMENT # **P97000094494**

1. Entity Name

BROADWAY RESPIRATORY PHARMACY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

411 S.E. 82ND PLACE

Suite, Apt. #, etc.

3. Mailing Address

411 S.E. 82ND PLACE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

MARION

City & State

OCALA, FL

Zip

34480

Country

MARION

4. FEI Number

59-3495834

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD T. ESCOBAR

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

411 S.E. 82ND PLACE

City

OCALA

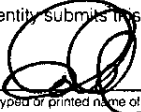
FL

Zip Code

34480

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



RICHARD T. ESCOBAR

3/20/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT / TREAS / DIRECTOR
RICHARD T. ESCOBAR
411 SE 82ND PLACE
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
DANA M. ESCOBAR
411 SE 82ND PLACE
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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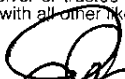
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



RICHARD T. ESCOBAR, PRES. 3/20/02 (352) 237-9830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)