

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017407

1. Entity Name

ADVANCED RESPIRATORY SERVICES, INC.

Principal Place of Business

Mailing Address

1025 BAY ROAD  
MOUNT DORA FL 32757

1025 BAY ROAD  
MOUNT DORA FL 32757-3213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOBKOWSKI, MICHAEL  
25525 TRAIN AVE  
SORRENTO FL 32776

Name

SOBKOWSKI, MICHAEL

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

33923 SABAL WAY

City

LEESBURG

FL

Zip Code

34788

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 ☐ Delete  
NAME MCDONALD, ROBERT C  
STREET ADDRESS 150 FLAMINGO  
CITY-ST-ZIP EDGEWATER FL

TITLE ☐ Delete  
NAME MCDONALD, GAIL Q  
STREET ADDRESS 150 FLAMINGO  
CITY-ST-ZIP EDGEWATER FL

TITLE ☐ Delete  
NAME VP  
NAME SOBKOWSKI, MICHAEL J  
STREET ADDRESS 25525 TRAIN AVE  
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ Delete  
NAME VP  
NAME MCDONALD, STEPHEN R  
STREET ADDRESS 311 EAST-MAIN-STREET  
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Delete  
NAME VP  
NAME SOBKOWSKI, MICHAEL J  
STREET ADDRESS 33923 SABAL WAY  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE ☒ Change ☐ Delete  
NAME VP  
NAME MCDONALD, STEPHEN R  
STREET ADDRESS 311 EAST-MAIN-STREET  
CITY-ST-ZIP TAVARES, FL 32778

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

TITLE ☐ Change ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90016 040 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3494297 Applied For ☐ Not Applied For ☐

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

1/4/00

352 735