

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # P99000011886

1. Entity Name

HYPERBARICS OF OCALA INC.

FILED
May 03, 2000 8:00 am
Secretary of State

02-11-2000 90036 022 ***150.00

Principal Place of Business

3101 S.W. 34TH AVE.,#905-454
OCALA FL 34474

Mailing Address

3101 S.W. 34TH AVE.,#905-454
OCALA FL 34474-7447

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

65-0893190

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

FIELD, LAWRENCE D.O.
 3101 S.W. 34TH AVE.,#905-454
 OCALA FL 34474

7. Name and Address of New Registered Agent

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 ☐ Delete
 NAME President
 STREET ADDRESS Larry Field
 CITY-ST-ZIP 1090 SW 80th St
 Ocala FL 34476

TITLE ☐ Delete
 NAME Treasurer
 STREET ADDRESS Larry Field
 CITY-ST-ZIP 1090 SW 80th St
 Ocala FL 34476

TITLE ☐ Delete
 NAME Secretary
 STREET ADDRESS Larry Field
 CITY-ST-ZIP 1090 SW 80th St
 Ocala FL 34476

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00

352-895-9555