

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/14/00-90015-045-\$550.00-\$550.00

DOCUMENT # P99000021306

1. Entity Name

QUALITY RESPIRATORY EQUIPMENT, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -1 PM 6:31

Principal Place of Business

BLDG. A #32, 8100 PARK BLVD.  
PINELLAS PARK FL 34665

Mailing Address

BLDG. A #32, 8100 PARK BLVD.  
PINELLAS PARK FL 34665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8100 PARK BLVD

Suite, Apt. #, etc.

49A

City & State

PINELLAS PARK FL.

Zip

33781

Country

USA

3. Mailing Address

8100 PARK BLVD

Suite, Apt. #, etc.

49A

City & State

PINELLAS PARK FL.

Zip

33781

Country

USA

4. FEI Number

593562517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

FOX, THERESA M  
BLDG. A #32, 8100 PARK BLVD.  
PINELLAS PARK FL 34665

7. Name and Address of New Registered Agent

Name

WESLEY WEYSHAM

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

8100 PARK BLVD 49A

City

PINELLAS PARK

FL

Zip Code

33781

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

Wesley Weysham 9/11/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ~~THANE CUNNINGHAM~~  
STREET ADDRESS 6630 121ST AVE N. #7  
CITY-ST-ZIP LARGO, FL. 33773

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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:

Wesley Weysham

WESLEY WEYSHAM

9/11/00

727 545-1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (5/00)