

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91467 043 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT # P99000021306</b><br>1. Entity Name<br><b>QUALITY RESPIRATORY EQUIPMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>8100 PARK BLVD</b><br><b>49A</b><br><b>PINELLAS PARK, FL 33781</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                         | Mailing Address<br><b>8100 PARK BLVD</b><br><b>49A</b><br><b>PINELLAS PARK, FL 33781</b>                                                                                                                              |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> CHECK HERE IF MAKING CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                         |                                                                                                                                                                                                                       | 4. FEI Number<br><b>59-3562517</b>                                                    |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                         |                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEYSHAM, WESLEY</b><br><b>8100 PARK BLVD</b><br><b>49A</b><br><b>PINELLAS PARK, FL 33781</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                                                         | 7. Name and Address of New Registered Agent<br>Name <b>Charles A. Saxon</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8100 Park Blvd #49A</b><br>City <b>Pinellas Park</b> FL Zip Code <b>33781</b> |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <span style="float: right;">4-23-03</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           P<br/> <b>CUNNINGHAM, THANE</b><br/> <b>6630 121ST AVE N #7</b><br/> <b>LARGO, FL 33773</b> </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table> |                                                                                       |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | P<br><b>CUNNINGHAM, THANE</b><br><b>6630 121ST AVE N #7</b><br><b>LARGO, FL 33773</b> | <input type="checkbox"/> Delete |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br><b>CUNNINGHAM, THANE</b><br><b>6630 121ST AVE N #7</b><br><b>LARGO, FL 33773</b> | <input type="checkbox"/> Delete                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.                                                                                                                                                          |                                                                                       |                                                                                         |                                                                                                                                                                                                                       |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                         | 423-03 727-545-1718                                                                                                                                                                                                   |                                                                                       |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                                |                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |

CR2E034 (10/02)