

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028620

1. Entity Name

AMERICAN RESPIRATORY DISTRIBUTORS, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90172 048 ***150.00

Principal Place of Business

886 SOUTH DILLARD
WINTER GARDEN FL 34787

Mailing Address

886 SOUTH DILLARD
WINTER GARDEN FL 34787-3910

2. Principal Place of Business

3. Mailing Address

P.O. Box 2241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINDERMERE, FL

4. FEI Number

59-3568192

Applied For

Not Applicable

Zip

Country

Zip

Country

34786

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM N. ASMA, P.A.
886 SOUTH DILLARD
WINTER GARDEN FL 34787

Name

William Luke Fry

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

1245 OAKDALE ST.

City

WINDERMERE

FL

Zip Code

34786

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

Wm L Fry

President

2-7-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FRY, THOMAS J
STREET ADDRESS 328 SOUTH MAIN ST.
CITY-ST-ZIP JACKSONVILLE IL 62650

☐ Delete

TITLE President
NAME FRY, WILLIAM L
STREET ADDRESS 328 SOUTH MAIN ST.
CITY-ST-ZIP JACKSONVILLE IL 62650

☐ Delete

TITLE D
NAME SANKAR, NOCHUR S
STREET ADDRESS 328 SOUTH MAIN ST.
CITY-ST-ZIP JACKSONVILLE IL 62650

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

2-7-00 (407)
341-8929