

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091808

1. Entity Name

DESTIN HOME MEDICAL EQUIPMENT, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90077 040 \*\*\*150.00

Principal Place of Business

Mailing Address

234 HWY 98 E.  
DESTIN FL 32541

234 HWY 98 E.  
DESTIN FL 32541-2375

2. Principal Place of Business

3. Mailing Address

225 Main St # 11  
Suite, Apt. #, etc.  
ST # 11

PO BOX 5057  
Suite, Apt. #, etc.

City & State  
Destin, FL

City & State  
Destin, FL

4. FEI Number  
59-3608397

Applied For  
Not Applicable

Zip  
32541

Country  
USA

Zip  
32540

Country  
USA

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

GARRISON, JANET  
234 HWY 98 E.  
DESTIN FL 32541

Name

Janet Garrison

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

402 Primrose Cir.

City

Destin

FL

Zip Code  
32541

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

*Janet Garrison*

4/18/00

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Janet Garrison  
402 Primrose Circle  
Destin FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 life empowered.

SIGNATURE:

*Janet Garrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date Daytime Phone #

CR20034 (0/00)