2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091808 ✓

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90060 026 ***150.00

1. Entity Name
Destin Home Medical Equipment

Principal Place of Business	Mailing Address
402 PRIMROSE CIRCLE DESTIN FL 32541	402 PRIMROSE CIRCLE DESTIN FL 32541

00056376

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 225 Main st #11		3. Mailing Address: PO Box 5057	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Destin Fl		City & State: Destin Fl	
Zip: 32541	Country: USA	Zip: 32541	Country: USA

4. FEI Number: 59-3608397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRISON, JANET
220 ANN CIRCLE #5
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number Is Not Acceptable): ~~402~~ Janet Garrison
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 Pres.
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D ~~[illegible]~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~	☐ Change ☐ Addition
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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: Janet Garrison Janet Garrison 5/1/01 850 654 5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #