

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90209 025 ***150.00

DOCUMENT # S06864

1. Entity Name

SUNSHINE OXYGEN SERVICES, INC.

Principal Place of Business

**9741 66TH STREET NORTH
 PINELLAS PARK FL 33782
 US**

Mailing Address

**9741 66TH STREET NORTH
 PINELLAS PARK FL 33782
 US**

2. Principal Place of Business

5200 Seminole Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

Zip

Country

33708 USA

4. FEI Number

59-3031327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, SHAWN
 9741 66TH STREET NORTH
 PINELLAS PARK FL 33782**

7. Name and Address of New Registered Agent

Name

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

5200 Seminole Blvd Suite L

City

Saint Petersburg

FL

Zip Code

33708

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE **Shawn R. Morris**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-02

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, 2002 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

TITLE **DPST** ☐ Delete
 NAME **MORRIS, SHAWN R**
 STREET ADDRESS **9741 66TH ST N**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
 NAME **Shawn Morris**
 STREET ADDRESS **5200 Seminole Blvd Suite L**
 CITY-ST-ZIP **Saint Petersburg, FL 33708**

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

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

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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:

Shawn R. Morris / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

Date

727-546-7740

Daytime Phone #

CR2E034 (9/01)