

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S15953**

1. Entity Name

D.L.T. HOME OXYGEN, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-19-2002 90242 047 ***150.00

92844



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 TALL PINES DR STE 126 LARGO FL 33771 US		Mailing Address P.O. BOX 2180 LARGO FL 33779-2180	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3043659		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA TORRE, ARVELIO 418 JEFFORDS STREET CLEARWATER FL 33756		7. Name and Address of New Registered Agent Name Arvelio de la Torre Street Address (P.O. Box Number is Not Acceptable) 1731 Cypress Ave. City Belleair FL 33756	
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 <i>[Signature]</i> DATE 6/10/02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE P CO NAME DE LA TORRE, ARVELIO STREET ADDRESS 1731 CYPRESS AVE CITY-ST-ZIP CLEARWATER FL 33756 <input type="checkbox"/> Delete		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE same NAME same STREET ADDRESS same CITY-ST-ZIP Belleair, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6/10/02 (727) 531-2993 Date Daytime Phone #	

CR2E034 (9/01)