

# DOCUMENT # V63874

1. Entity Name

OXY + PLUS OF ORLANDO, INC.

Principal Place of Business

Mailing Address

5300 OAKBROOK PKWY  
STE 220  
NORCROSS GA 30093  
US

5300 OAKBROOK PKWY #220  
NORCROSS GA 30097-4033  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2763 Meadow Church Rd

2763 Meadow Church Rd

City & State

City & State

Duluth, GA

Duluth, GA

Zip 30097

Country

Gwynnett

Zip

30097

Country

Gwynnett

6. Name and Address of Current Registered Agent

Name

Street Address (

City

RUFFIER, WILLIAM E  
108 E. CENTRAL BLVD  
ORLANDO FL 32802

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

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**

11. OFFICERS AND DIRECTORS

12.

TITLE C  
NAME ELROD, RUFUS JORDAN JR  
STREET ADDRESS 5300 OAKBROOK PKWY, STE 220  
CITY-ST-ZIP NORCROSS GA ☐ Delete

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NAME  
STREET ADDRESS 276  
CITY-ST-ZIP Du

TITLE P  
NAME ELROD, WILLIAM STEPHEN  
STREET ADDRESS 5300 OAKBROOK PKWY, STE 220  
CITY-ST-ZIP NORCROSS GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS 27  
CITY-ST-ZIP I

TITLE D  
NAME ELROD, MIKE  
STREET ADDRESS 285 W CENTRAL PKWY, STE 1730  
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete

TITLE  
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STREET ADDRESS 27  
CITY-ST-ZIP I

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STREET ADDRESS  
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TITLE  
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 6032 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 603, F.S., and that the information is true and accurate and that my signature shall have the effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 603, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNED OFFICER OR DIRECTOR

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DO NOT WRITE IN THIS SPACE

City & State Duluth, GA		City & State Duluth, GA		4. FEI Number 58-3145753		Applied For Not Applicable	
Zip 30097		Country Gwinnett		Zip 30097		Country Gwinnett	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
RUFFIER, WILLIAM E 108 E. CENTRAL BLVD ORLANDO FL 32802				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL		Zip Code	

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ELROD, RUFUS JORDAN JR 5300 OAKBROOK PKWY, STE 220 NORCROSS GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2763 meadow church Rd Duluth, GA 30097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELROD, WILLIAM STEPHEN 5300 OAKBROOK PKWY, STE 220 NORCROSS GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2763 meadow church Rd Duluth, GA 30097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELROD, MIKE 285 W CENTRAL PKWY, STE 1730 ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2763 meadow church Rd Duluth, GA 30097
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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: Edgar W. Jett 1/31/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)