

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90105 038 ****70.00

DOCUMENT # N95000000637

1. Entity Name

COASTAL KIDS HOME HEALTH, INC.

Principal Place of Business

**200 SE 19 AVENUE
POMPANO BEACH FL 33060**

Mailing Address

**200 SE 19 AVENUE
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0563002

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEGGS, WILLIAM F
2929 E. COMMERCIAL BLVD.
PENTHOUSE A
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

Joyce T. Stewart, C.P.A.

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

289 East Oakland Park Blvd.

City

Ft. Lauderdale

FL

Zip Code

33334

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BEGGS, WILLIAM**
STREET ADDRESS **2929 E. COMMERCIAL PH. #A**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **ST** ☐ Delete
NAME **STEWART, JOYCE**
STREET ADDRESS **300 SW 14TH CT.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ Delete
NAME **CECIL, MAUREEN F**
STREET ADDRESS **6230 NW 26TH CT.**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ Delete
NAME **MCGOUGH, WILLIAM**
STREET ADDRESS **7912 SW 3RD ST.**
CITY-ST-ZIP **NORTH LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Acting P/T/S** ☒ Change ☐ Addition
NAME **Stewart, Joyce T.**
STREET ADDRESS **289 E. Oakland Park Blvd.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **D** ☒ Change ☐ Addition
NAME **McGough, William**
STREET ADDRESS **13 Royal Palm Way, # 603**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **D** ☐ Change ☒ Addition
NAME **Van-Vorst, John**
STREET ADDRESS **2159 S.E. 9th Street**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **D** ☐ Change ☒ Addition
NAME **Appel, Elaine**
STREET ADDRESS **1882 N.W. 97th Avenue**
CITY-ST-ZIP **Plantation, FL 33322**

TITLE **D** ☐ Change ☒ Addition
NAME **Stewart, Adam**
STREET ADDRESS **2015-C Lake Park Drive**
CITY-ST-ZIP **Smyrna, GA 30080**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/28/02 (954) 561-5801

CR2E037 (9/01)