

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000031422

FILED  
Apr 04, 2003  
Secretary of State

**Entity Name:** INTERIM HHA OF ST. AUGUSTINE, INC.

## Current Principal Place of Business:

1797 OLD MOULTRIE ROAD  
SUITE 108  
SAINT AUGUSTINE, FL 32086 US

## New Principal Place of Business:

## Current Mailing Address:

7999 PHILLIPS HWY  
SUITE 304  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

7999 PHILIPS HWY  
SUITE 304  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3182292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

REEVES, GLENN  
7999 PHILLIPS HWY  
SUITE 304  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

REEVES, GLENN  
7999 PHILIPS HWY  
SUITE 304  
JACKSONVILLE, FL 32256 US

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: GLENN R. REEVES

04/04/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REEVES, GLENN R  
Address: 3414 S. MAIDEN VOYAGE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete  
Name: REEVES, BONNIE S  
Address: 3414 S. MAIDEN VOYAGE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN R. REEVES

PD

04/04/2003

Electronic Signature of Signing Officer or Director

Date