

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012463

1. Entity Name

FAITH HOME HEALTH, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90165 018 ***150.00

Principal Place of Business

Mailing Address

1499 N NEBRASKA AVE
TAMPA FL 33602
US

1499 N NEBRASKA AVE
TAMPA FL 33602-2847

change of Address

2. Principal Place of Business

3. Mailing Address

1465 Tampa Park Plaza
Suite, Apt. #, etc.

1465 Tampa Park Plaza
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa - Florida

Tampa, Florida

Zip
33605

Country

USA

Zip

33605

Country

USA

4. FEI Number

65-0729746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMORE, RICARDO L
ONE BARNETT PLAZA
101 E KENNEDY BLVD SUITE 3200
TAMPA FL 33601

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

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **OKPALEKE, CELINA**
STREET ADDRESS **4326 FAIRFAX DRIVE EAST**
CITY-ST-ZIP **BRADENTON FL 34204**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CELINA OKPALEKE **4/26/00** **(813) 9399**

CR2E034 (9/99)