

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000034391

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: HOME CARE ADVANTAGE, INC.

Current Principal Place of Business:

1512 MONTANA AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1512 MONTANA AVE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3448263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT-BENNETT, KAREN
1512 MONTANA AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT-BENNETT, KAREN
Address: 1512 MONTANA AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PVST () Delete
Name: WRIGHT-BENNETT, KAREN
Address: 1512 MONTANA AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PT (X) Change () Addition
Name: WRIGHT-BENNETT, KAREN
Address: 1512 MONTANA AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VS () Change (X) Addition
Name: BENNETT, GREGORY S
Address: 1512 MONTANA AVE
City-St-Zip: JACKSONVILLE, FL 32207

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: GREGORY S. BENNETT

VS

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date