

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90176 001 \*\*\*150.00

**DOCUMENT # S72576**

1. Entity Name

**SENIOR HOME CARE, INC.**

Principal Place of Business

Mailing Address

16120 US 19N  
 CLEARWATER FL 33764  
 US

430 PARK PLACE BLVD  
 STE 600  
 CLEARWATER FL 33759-3926  
 US

0 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

311 Park Place Blvd.

Suite # 225

Suite, Apt. #, etc.

City & State

Clearwater, FL

4. FEI Number

59-3080333

Applied For

Not Applicable

Zip

Country

Zip

Country

33759

USA

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

LOMBARDI, RITA A.  
 430 PARK PLACE BLVD  
 STE 600  
 CLEARWATER FL 33759

Name

Lombardi, Rita A.

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

311 Park Place Blvd.

Suite 225

City

Clearwater

FL

Zip Code

33759

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	VD	<input type="checkbox"/> Delete
NAME	PIAZZA, STEVEN A	
STREET ADDRESS	311 PARK PLACE BLVD #225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DECAMELLA, DAVID	
STREET ADDRESS	311 PARK PLACE BLVD #225	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOMBARDI, RITA A	
STREET ADDRESS	430 PK PLACE BLVD-#600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIAZZA, JR. J	
STREET ADDRESS	311 PARK PLACE BLVD SUITE 225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIAZZO, JOHN J SR	
STREET ADDRESS	430 PK PLACE BLVD-#600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LENTINI, VINCENT J	
STREET ADDRESS	430 PK PLACE BLVD-#600	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piazza, Steven A.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeCamella, David	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lombardi, Rita A.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piazza, John J. Jr.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piazza, John J. Sr.	
STREET ADDRESS	311 Park Place Blvd., Suite 225	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 empowerments.

SIGNATURE:

Rita A. Lombardi

4/10/00 (727) 726-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)