

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061949

1. Entity Name

A+CARE INSURANCE SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90007 019 ***150.00

Principal Place of Business

Mailing Address

1539 S. PARSONS AVE.
SEFFNER FL 33584

POST OFFICE BOX 260695
TAMPA FL 33685-0695

00010001

2. Principal Place of Business

1539 S. Parsons Ave

3. Mailing Address

1539 S. Parsons Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seffner, FL 33584

City & State

Seffner, FL

4. FEI Number

59-3522430

Applied For

Not Applicable

Zip

33584

Country

Hillsborough

Zip

33584

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MZEATEGUI, MARCO A
1539 S. PARSONS AVE.
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name Marco A. Mzeategui

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

1539 S. Parsons Ave

City Seffner FL

Zip Code

FL 33584

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

Marco A. Mzeategui

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-07-00

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

TITLE PD
NAME UZEATEGUI, MARCO A
STREET ADDRESS 1539 S. PARSONS AVE.
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Uzeategui, Marco A.
STREET ADDRESS 1539 S. Parsons Ave
CITY-ST-ZIP Seffner FL 33584 ☒ Change ☐ Addition

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

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

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

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

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

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: Marco A. Mzeategui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-00

Date

(813)6572336

Daytime Phone #

CR2000 (9/00)