

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086895

1. Entity Name

A GENTLE TOUCH HOME CARE INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90067 021 ***150.00

Principal Place of Business

2550 EXECUTIVE PALM BAY BLDG
 105
 PALM BAY FL 32905
 US

Mailing Address

2550 PALM BAY RD
 105
 PALM BAY FL 32907-1801
 US

2. Principal Place of Business

318 Fernandina St

Suite, Apt. #, etc.

N.W.

City & State

Palm Bay FLA

Zip

32907

Country

Brevard

3. Mailing Address

318 Fernandina St.

Suite, Apt. #, etc.

N.W.

City & State

Palm Bay

Zip

32907

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3495631

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

DORRIS, SHEILA M
 318 FERNADINA ST NW
 PALM BAY FL 32407

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	P	<input type="checkbox"/> Delete
NAME	DORRIS, SHEILA MAE	
STREET ADDRESS	318 FERNANDINA ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2000 956-0167
 Date Daytime Phone #

CR2E034 (9/99)