

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055212

1. Entity Name

HOME HELP CARE INC.

Principal Place of Business

P.O. BOX 7191

ST. PETERSBURG, FL 33734

Mailing Address

SAME

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3581318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL D. PASEK
4851 85th AVE. N.
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

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

Michael Pasek, Registered Agent, 6/28/00

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

TITLE **P** NAME **ARTUR PAWLAK** ☐ Delete
STREET ADDRESS **P.O. BOX 7191**
CITY-ST-ZIP **ST. PETERSBURG, FL 33734**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Artur Pawlak
ARTUR PAWLAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/00

Daytime Phone #

727-463-4909

FILED
Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90007 013 ***150.00

00067976

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Attachment

D# P99000055212
00067976

HOME HELP CARE INC.
P.O. Box 7191
St. Petersburg, FL 33734

June 27, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir or Madam:

We respectfully request that you accept our check in the amount of \$150.00 and the substitute Uniform Business Report prepared by our accountant.

We apologize for being late, but this the first year that we were obligated to file the Uniform Business Report and we did not receive your form and we realized that Annual Report has not been filed only after we talked to our accountant and he asked about it.

We respectfully request that you waive the \$400.00 late filing penalty, considering the above reasons. We are a small company with little activity and we cannot afford to pay \$550.00 annual fee for continuation of our corporate charter. If the penalty cannot be waved, please return our \$150.00 check, since we will have to decide about dissolution of the corporation.

Sincerely,



Artur Pawlak
President