

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90177 042 \*\*\*158.75

**DOCUMENT # P01000100153**

1. Entity Name  
**VICKA HEALTH CARE SERVICES INC.**

Principal Place of Business  
**8685 BINGHAMTON AVE  
BOYNTON BEACH FL 33436**

Mailing Address  
**8685 BINGHAMTON AVE  
BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1145377**

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

**VICKERS, JERMAINE  
8685 BINGHAMTON AVE  
BOYNTON BEACH FL 33436**

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, 2002 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  Delete

**NAME: *President*  
*Jermaine Vickers*  
STREET ADDRESS: *8685 Binghamton Ave.*  
CITY-ST-ZIP: *Boynton Bch FL 33436***

TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition

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TITLE  Change  Addition

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TITLE  Change  Addition

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CITY-ST-ZIP

TITLE  Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 enter like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/02 (561) 818-1805**

Date

Daytime Phone #

CR2E034 (9/01)