

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90081 028 ***150.00

DOCUMENT # 858486

1. Entity Name

STAFF BUILDERS HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

**1983 MARCUS AVE CB 7011
 LAKE SUCCESS NY 11042
 US**

**1983 MARCUS AVE CB 7011
 LAKE SUCCESS NY 11042
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3083184**

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

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVENUE	
CITY-ST-ZIP	LAKE SUCCESS NY	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CLIFT, DALE R	
STREET ADDRESS	1983 MARCUS AVE	
CITY-ST-ZIP	LAKE SUCCESS NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DERR, WILLARD T	
STREET ADDRESS	1983 MARCUS AVENUE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SILVER, RENEE J	
STREET ADDRESS	1983 MARCUS AVENUE	
CITY-ST-ZIP	LAKE SUCCESS NY 11042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD	
STREET ADDRESS	Savitsky, Stephen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	1983 Marcus Avenue	
	LAKE SUCCESS, NY 11042	
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

Dale R. Clift

Date

Daytime Phone #

1-29-01

CR2E034 (10/00)