2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90066 007 ***158.75

DOCUMENT # F11999

1. Entity Name

RUBY'S HOME HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
4343 W SUNRISE BLVD PLANTATION FL 33311-1152 US	4343 W SUNRISE BLVD PLANTATION FL 33311-1152 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4343 W. SUNRISE BLVD.	4343 W. SUNRISE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FLORIDA	City & State: PLANTATION, FLORIDA
Zip: 33313-6749 Country: U.S.	Zip: 33313-6749 Country: U.S.

4. FEI Number 59-2057442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDMAN, RUBY G
4343 W SUNRISE BLVD
PLANTATION FL 33311

7. Name and Address of New Registered Agent

Name: RUBY G. EDMAN
Street Address (P.O. Box Number is Not Acceptable): 4343 W. SUNRISE BLVD.
City: PLANTATION **FL** Zip Code: 33313-6749

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 _____ RUBY G. EDMAN. 02.15.02.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDMAN, VINCENT 4343 W SUNRISE BLVD PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
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CR2E034 (9/01)

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: _____ RUBY G. EDMAN 02.15.02. (954) 584-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #