

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90204 026 ***150.00

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1. Entity Name
CAREWELL INDUSTRIES, INC.



Principal Place of Business
P.O. BOX 7016
DOVER DE 19903-1516

Mailing Address
P.O. BOX 7016
DOVER DE 19903-1516



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 **11-2967533**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ILASND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAAS, ROBERT B	
STREET ADDRESS	300 CRESCENT CT, SUITE 1700	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEAT, DOUGLAS D	
STREET ADDRESS	300 CRESCENT CT, SUITE 1700	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	P	<input type="checkbox"/> Delete
NAME	GALLAGHER, MICHAEL R	
STREET ADDRESS	300 NYLA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	VPCC	<input type="checkbox"/> Delete
NAME	MCCOLGAN, JOHN J	
STREET ADDRESS	50 N DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE 19901	
TITLE	EVCD	<input type="checkbox"/> Delete
NAME	FORBES, GLENN A	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Vice President & Corporate Controller**

4/29/03 678-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

(302)