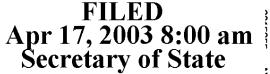
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT# E96000004309



1. Entity Name ATLANTIC CAREGIVERS INC.								04-17-2003 90166 ()34 ***150	0.00
Principal Place 4251 SPRUCE BLDG. II. UNIT PORT ORANGE	CREEK ROAD		4251 S BLDG.	Mailing Address 4251 SPRUCE CREEK ROAD BLDG. II. UNIT C PORT ORANGE FL 32127						
2. Principal f	Place of Busin	ness	3. Ma	3. Mailing Address						
Suite, Apt	. #, etc.	<u>. · </u>	Suit	Suite, Apt. #, etc.			7	CHECK HERE IF MAKIN	G CHANGES	
City & Sta	te		City	City & State			4. 1	FEI Number 59-3390552		oplied For ot Applicable
Zip Country		Zip	ip Cour		ry	5. (5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Cur	rent Registere	ed Agent		7. Name and Address of New Registered Agent				
		<u></u>				Name				
OSTLUND, GRANT						Street Address (P.O. Box Number is Not Acceptable)				
131 BAKERS ACRES DR. HAWTHORNE FL 32640										
					City	FL Zip Code				
8. The above the obligat			ent for the purp	ose of changing its	registere	d office or regis	tered ag	ent, or both, in the State of Fiorida. I am	familiar with,	and accept
SĮGNATURE .	<u> </u>	or printed name of registered		and the second s	r. Basista			einstating) DATÉ	···	
<u>, </u>	signature, typed	or printed name or registered	agent and title if app	olicable. (NOTI	E: Hegistered	Agent signature requ	irea when re	einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.	\$5.0 □ Added	0 May Be I to Fees
10.		OFFICERS A	AND DIRECTO	D DIRECTORS 11.			AD	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE	Р		····	☐ Delete TITL					☐ Change	Addition
NAME	SCHULER, JET			NAM				•	•	
Street address 2020 W 8TH AVE OSHKOSH WI 54904						T ADDRESS ST-ZIP				
TITLE NAME	S			☐ Delete	TITLE		- _		☐ Change	Addition
	TUCKER, (2020 W. 9	TH AVE			STREE	T ADDRESS				}
	<u>IOSHKOSH</u>	WI 54904			_	ST-ZIP				☐ Addition
TITLE NAME		المجيد في المانية	سیدی سپ	Delete	TITLE - NAME	مين د .		های دادی د = سه اید مسیده درست و ی	Change	☐ Addition
STREET ADDRESS	}					T ADDRESS				
CITY-ST-ZIP					CITY-	ST-ZIP				
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition
NAME					NAME)
STREET ADDRESS CITY-ST-ZIP					STREE CITY-	T ADDRESS				
-				JI-ESF			☐ Change	Addition		
TITLE NAME	1			L.J. Delete	TITLE				1 Change	☐ Addition
STREET ADDRESS		-				T ADDRESS				
CITY-ST-ZIP					CITY-	ST-ZIP				
TITLE NAME				☐ Delete TITL NAM					☐ Change	☐ Addition
STREET ADDRESS	ł					r address				}
CITY-ST-ZIP					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: