

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90120 002 ***150.00

DOCUMENT # F97000000315

Entity Name
NATIONAL COMP CARE INC.

Principal Place of Business Mailing Address
1300 JOHNSON RD. 1300 JOHNSON RD.
SPRINGDALE AR 72762 SPRINGDALE AR 72762

00043500



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
1300 JOHNSON RD 1300 JOHNSON RD

Suite, Apt. #, etc. CP131 TAX ACCTG
CP131 TAX ACCTG CP131 TAX ACCTG

City & State City & State
SPRINGDALE AR 72762 SPRINGDALE AR 72762

4. FEI Number **71-0773608** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND 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

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:

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	P BORNHOFT, LADONNA 2210 OAKLAWN DR. SPRINGDALE AR 72762-6999	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BORNHOFT, LA DONNA 2210 OAKLAWN DR., CP131 SPRINGDALE AR 72762-6999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAKER, MIKE 2210 OAKLAWN DR. SPRINGDALE AR 72762-6999	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BAKER, MIKE 2210 OAKLAWN DR., CP131 SPRINGDALE AR 72762-6999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete VAN BEBBER, DAVID L 2210 OAKLAWN DR. SPRINGDALE AR 72762-6999	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAN BEBBER, DAVID L 2210 OAKLAWN DR., CP131 SPRINGDALE AR 72762-6999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HANKINS, STEVEN 2210 OAKLAWN DRIVE SPRINGDALE AR 72762-6999	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HANKINS, STEVEN 2210 OAKLAWN DR., CP131 SPRINGDALE AR 72762-6999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEE, GREG W 2210 OAKLAWN DR CP131 SPRINGDALE AR 72762-6999	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEE, GREG W. 2210 OAKLAWN DR., CP131 SPRINGDALE AR 72762-6999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LADONNA BORNHOFT** 01/09/02 501-290-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)