

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003718

1. Entity Name
FIRST HOME CARE CORPORATION

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90006 036 ***550.00

Principal Place of Business
825 CRAWFORD PARKWAY
PORTSMOUTH VA 23704

Mailing Address
825 CRAWFORD PARKWAY
PORTSMOUTH VA 23704

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
240 Corporate Blvd.
Suite, Apt. #, etc.

City & State
Norfolk Virginia

4. FEI Number 54-1782162
Applied For
Not Applicable

Zip Country
23502 USA

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRBY JR, EDWARD C 240 CORPORATE BLVD NORFOLK VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER III, WILLIAM E 240 CORPORATE BLVD NORFOLK VA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUSS, GLORIA J 240 CORPORATE BLVD NORFOLK VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, TIMOTHY D 240 CORPORATE BLVD NORFOLK VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOZORETZ, RONALD I 240 CORPORATE BLVD NORFOLK VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEXIER, LENARD J MD 240 CORPORATE BLVD NORFOLK VA 23502 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rebecca H. White 240 Corporate BLVD. Norfolk, VA 23502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Gloria Nuss 240 Corporate Blvd. Norfolk, VA 23502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
7/28/00 757-4509-5100
Date Daytime Phone #

CR2E034 (\$500)