

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003743

1. Entity Name

ASTON CARE SYSTEMS, INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90068 017 \*\*\*150.00

0517943

Principal Place of Business

Mailing Address

137 S PEBBLE BEACH BLVD  
SUITE #101  
SUN CITY CENTER FL 33573  
US

137 S PEBBLE BEACH BLVD  
SUITE #101  
SUN CITY CENTER FL 33573  
US

00021984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3518596**

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

7. Name and Address of New Registered Agent

HUTCHINSON, RICHARD  
137 S PEBBLE BEACH BLVD  
SUITE #201  
SUN CITY CENTER FL 33573

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 \$150.00**  
**After MAY 1, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS HOFFMAN, ALFRED JR.  
CITY-ST-ZIP 137 S PEBBLE BEACH BLVD, STE #101  
SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ACKERMAN, DON E  
CITY-ST-ZIP 137 S PEBBLE BEACH BLVD, STE #101  
SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PCEO  
STREET ADDRESS MYERS, RONALD  
CITY-ST-ZIP 137 S PEBBLE BEACH BLVD, STE #101  
SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME V  
STREET ADDRESS BATT, PAUL  
CITY-ST-ZIP 137 S PEBBLE BEACH BLVD, STE #101  
SUN CITY CENTER FL 33573

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS CHARLES ALANT  
CITY-ST-ZIP ← SAME

TITLE ☐ Delete  
NAME VSTC  
STREET ADDRESS HUTCHINSON, RICHARD  
CITY-ST-ZIP 137 S PEBBLE BEACH BLVD, STE #101  
SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME VAS  
STREET ADDRESS BOBBITT, JACKIE  
CITY-ST-ZIP 137 S PEBBLE BEACH BLVD, STE #101  
SUN CITY CENTER FL 33573

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS DON NORTON  
CITY-ST-ZIP ← SAME

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

Date

Daytime Phone #

CR2E034 (10/00)