

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90064 043 ***150.00

DOCUMENT # F98000003743

1. Entity Name
ASTON CARE SYSTEMS, INC.

Principal Place of Business
137 S PEBBLE BEACH BLVD
SUITE #101
SUN CITY CENTER FL 33573
US

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

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 **59-3518596**

Applied For
 Not Applicable

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

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

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

TITLE **DP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **V** ☐ Change ☒ Addition
 NAME **Harrison, Thomas**
 STREET ADDRESS **137 S. Pebble Beach Blvd, STE 101**
 CITY-ST-ZIP **Sun City Center FL 33573**

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

TITLE **V** ☐ Change ☒ Addition
 NAME **Amgenendt, Harry E. Jr.**
 STREET ADDRESS **137 S Pebble Beach Blvd, STE 101**
 CITY-ST-ZIP **Sun City Center FL 33573**

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

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

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

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

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 fees empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)