

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005297

1. Entity Name
STANDARD OF CARE, INC.

R

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90013 015 ***158.75

Principal Place of Business
15941 CATALPA COVE DR
FORT MYERS FL 33908

Mailing Address
15941 CATALPA COVE DR
FORT MYERS FL 33908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-2892346

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

GREENE, TUCKER
15941 CATALPA COVE DR
FORT MYERS FL 33908

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME SATZ, WAYNE
STREET ADDRESS 1058 BELL LN
CITY-ST-ZIP MARLE GLEN PA 19002 ☐ Delete

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

TITLE VCVP
NAME GREENE, TUCKER
STREET ADDRESS 15941 CATALPA COVE DR
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

9/8/00

941-454-2934

CR2E034 (5/00)

091100

Date: September 8, 2000

attachment
F99000005297
A6075986

To: Florida Department of State
Division of Corporations

From: Tucker Greene
Standard of Care (SOC), Inc
15941 Catalpa Cove Dr
Fort Myers, FL 33908
FEI 23-2892346

Re: 2000 UBR

To Whom It May Concern:

Pursuant to discussions with personnel at phone #850 487 6059, option 2, it is the intent of this letter to state that SOC Inc did not receive the initial 2000 UBR providing for a filing fee of \$150.00. The individual with whom I spoke stated that this explanatory letter with the pre-May 15 deadline fee of \$150.00 would be sufficient.

Subsequently a check in this amount is enclosed with the 2000 UBR. If there is any further information you may need please, contact me at the address listed above. Thank you for your cooperation in this matter.

Sincerely,



Tucker Greene
Chief of Operations
Standard of Care, Inc