

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90008 009 \*\*\*150.00

04/01/02 AV

**DOCUMENT # G57972**

1. Entity Name

**AMERICARE INTERNATIONAL, INC.**

Principal Place of Business

**1090 KAPP DRIVE  
 CLEARWATER FL 33765  
 US**

Mailing Address

**1090 KAPP DRIVE  
 CLEARWATER FL 33765  
 US**

2. Principal Place of Business

**4350 W. Cypress  
 Suite, Apt. #, etc.  
 SUITE 830**

3. Mailing Address

**4350 W. Cypress  
 Suite, Apt. #, etc.  
 SUITE 830**

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

Zip Country  
**33607 USA**

Zip Country  
**33607 USA**

4. FEI Number **59-2300411**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALDRICH, ROBERT S  
 1090 KAPP DRIVE  
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name  
**SHELDON WIND, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5700 MEMORIAL HWY  
 SUITE 102**  
 City State Zip Code  
**TAMPA FL 33615**

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 *Sheldon L. Wind* **SHELDON L. WIND** *April 23, 2002*  
 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

TITLE **P** ☐ Delete  
 NAME **ALDRICH, ROBERT S**  
 STREET ADDRESS **3412 HANDY RD.**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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 like empowered.

SIGNATURE: *Robert S. Aldrich* **ROBERT S. ALDRICH** *April 23, 2002* 8137286693  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)