

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92829

1. Entity Name  
CARE EQUIPMENT & SUPPLIES, INC.

Principal Place of Business  
9033 123RD WAY N.  
SEMINOLE FL 33772

Mailing Address  
14 BEL FOREST DRIVE  
BELLEAIR BLUFFS FL 33770  
US

2. Principal Place of Business

14 BEL FOREST DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State  
BELLEAIR BLUFFS FL

City & State

4. FEI Number 59-2390515

Applied For  
Not Applicable

Zip  
33770

Country  
US

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

PHILLIPS, JAMES J  
14 BEL FOREST DRIVE  
BELLEAIR BLUFFS FL 34640

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code 33770

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 reinstalling)

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 P  
NAME PHILLIPS, JAMES J  
STREET ADDRESS 14 BEL FOREST DRIVE  
CITY-ST-ZIP BELLEAIR BLUFFS FL ☐ Delete

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

TITLE P  
NAME PHILLIPS, CORINNE J  
STREET ADDRESS 14 BEL FOREST DRIVE  
CITY-ST-ZIP BELLEAIR BLUFFS FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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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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:

Corinne Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(727) 585 6400

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)