

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90165 028 ***150.00

DOCUMENT # H42153

1. Entity Name

TREALDO CARETAKING, INC.

Principal Place of Business

Mailing Address

1815 THORNHILL ROAD
P.O. BOX 1424
AUBURNDALE FL 33823

1815 THORNHILL RD
P.O. BOX 1424
AUBURNDALE FL 33823-1424
US

2. Principal Place of Business

1815 Thornhill Road

3. Mailing Address

1815 Thornhill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale FL

City & State

Auburndale FL

4. FEI Number

59-2518140

Applied For

Not Applicable

Zip

33823

Country

Zip

33823

Country

USA

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

TILLIS, MONTE J JR
190 SO BROADWAY
P. O. BOX 1424
BARTOW FL 33830

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) ☐

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 PD
NAME WEEKS, T.A. ☐ Delete
STREET ADDRESS 1815 THORNHILL ROAD
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE SD
NAME BARTON, DOLORES C. ☐ Delete
STREET ADDRESS 1815 THORNHILL ROAD
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE VDT
NAME BARTON, C.A. ☐ Delete
STREET ADDRESS 1815 THORNHILL ROAD
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Dolores C. Barton DOLORES C. BARTON
SECRETARY

4/09/01

863-967-1129

A0051222



DO NOT WRITE IN THIS SPACE