

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # H57131**

1. Entity Name  
 AMELIA HOME HEALTH SERVICES, INC.

Principal Place of Business 1401 S. 14TH STREET, SUITE H  FERNANDINA BEACH FL 32034 US	Mailing Address 1401 S. 14TH STREET, SUITE H  FERNANDINA BEACH FL 32034 US
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2. Principal Place of Business 1411 S. 14TH STREET, SUITE H  Suite, Apt. #, etc.	3. Mailing Address 1411 S. 14TH STREET, SUITE H  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FERNANDINA BEACH FL	City & State FERNANDINA BEACH FL	4. FEI Number <b>59-2540812</b>	Applied For <input type="checkbox"/>
Zip 32034	Country US	Zip 32034	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

POOLE, WESLEY R.  
 303 CENTRE ST.  
 SUITE 200  
 FERNANDINA BEACH FL 32034

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **04/22/2001**  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TITCOMB, EARL F. <input type="checkbox"/> Delete 4100 DUNESWOOD PL FERNANDINA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TITCOMB, ERIC L. <input type="checkbox"/> Delete 1990 S. FLCTCHER AVE APT 2 FERNANDINA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD TITCOMB, ERIC L. 873 NISSEN DR FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** ERIC L. TITCOMB **PD** 04/22/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)