

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H57131

FILED
Apr 30, 2003
Secretary of State

Entity Name: AMELIA HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

1411 S. 14TH STREET, SUITE H
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1411 S. 14TH STREET, SUITE H
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-2540812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TITCOMB, ERIC L.,
Address: 873 NISSEN DR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD () Delete
Name: TITCOMB, EARL F.,
Address: 4100 DUNESWOOD PL
City-St-Zip: FERNANDINA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC L. TITCOMB

PD

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date