

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 048 ***150.00

DOCUMENT # H9 0002 ✓
1. Entity Name
HomeCare of Hendry and Glades Counties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2472 Congress ST **3. Mailing Address** 2472 Congress Street
Suite, Apt. #, etc.

City & State FT MYERS, FL **City & State** FT MYERS, Florida
Zip 33901 **Country** USA **Zip** 33901 **Country** USA

4. FEI Number 592638637 **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
Name CT-Plantation
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation **FL** **Zip Code** 33324

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 Caroline Peacock **DATE** 7/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	<u>President</u>	TITLE	
NAME	<u>Caroline Peacock</u>	NAME	
STREET ADDRESS	<u>253 Ortega Drive</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FT MYERS BEACH, FL 33931</u>	CITY-ST-ZIP	
TITLE	<u>Vice President</u>	TITLE	
NAME	<u>Wilma Wiggins</u>	NAME	
STREET ADDRESS	<u>616 Saginaw</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Clewiston, FL 33440</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.
SIGNATURE: Caroline Peacock Pres. Caroline Peacock **DATE** 7/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

339 693 7898

CR2E034B (12/01)