

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90050 045 ***150.00

DOCUMENT # J17020

1. Entity Name

ATKINSON'S HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

~~1500 PARK AVENUE~~
~~SUITE #5~~
ORANGE PARK FL 32073
US

ATKINSONS HOME HEALTH CARE, INC
P.O. BOX 1644
ORANGE PARK FL 32067-1644
US

00034740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1532 KINGSLEY AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE #103

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

Zip

32073

Country

US

Zip

Country

4. FEI Number

59-2686271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUYRES, WILLIAM J
2390 STOCKTON DRIVE
GREEN COVE SPRINGS FL 32043

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

William J. Muyres

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **MUYRES, WILLIAM J**
STREET ADDRESS **6187 BANYAN CIRCLE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2390 STOCKTON DRIVE**
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

William J. Muyres

WILLIAM J. MUYRES

4-2-01

(904) 269-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)