

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90068 050 \*\*\*158.75

**DOCUMENT # J27395**

**1. Entity Name**  
**FELT HOME CARE, INC.**

**Principal Place of Business**  
**767 S. STATE RD. 7**  
**SUITE 14**  
**MARGATE FL 33068**  
**US**

**Mailing Address**  
**767 S STATE RD 7**  
**SUITE 14**  
**MARGATE FL 33068**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2712585**

Applied For  
 Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**FELT, ROSELLA**  
**6302 S.W. 2ND STREET**  
**MARGATE FL 33063**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	FELT, ROSELLA	
STREET ADDRESS	6302 S.W. 2ND STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	VPA	<input type="checkbox"/> Delete
NAME	MARTIN-CULET, CHRISTINE	
STREET ADDRESS	6175 SOUTHGATE BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINELLI, CHARLES	
STREET ADDRESS	2569 CARANBOLA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	BUTCHER, ANN RN	
STREET ADDRESS	7281 SW 1ST ST.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Rosella Felt* **REQUIRED** *Rosella Felt* *2/13/02* *954 9784694*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)