

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90036 013 ***150.00

DOCUMENT # K09637

1. Entity Name

W.E. CARE HEALTH PRODUCTS, INC.

Principal Place of Business

**14301 DULCE REAL
 FORT PIERCE FL 34951
 US**

Mailing Address

**14301 DULCE REAL
 FORT PIERCE FL 34951
 US**

2. Principal Place of Business

13950 GORRION COURT

Suite, Apt. #, etc.

3. Mailing Address

13950 GORRION COURT

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

Zip

34951

Country

ST. LUCIE

City & State

FORT PIERCE FL

Zip

34951

Country

ST. LUCIE

4. FEI Number

59-2927518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHITLATCH, C. ROBERT

203 NE MONROE CIRCLE N

APT 107

ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

WHITLATCH, C. ROBERT

Street Address (P.O. Box Number is Not Acceptable)

13950 GORRION COURT

City

FORT PIERCE

FL

Zip Code

34951

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 **C. ROBERT WHITLATCH, PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-02

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

TITLE NAME	PT WHITLATCH, C. ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14301 DULCE REAL FORT PIERCE FL 34951	
TITLE NAME	VD WHITLATCH, ROBERT G.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14301 DULCE REAL FORT PIERCE FL 34951	
TITLE NAME	VS WHITLATCH, MILDRED A.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14301 DULCE REAL FORT PIERCE FL 34951	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PT WHITLATCH, C. ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	13950 GORRION COURT FORT PIERCE, FL 34951	
TITLE NAME	VD WHITLATCH, ROBERT G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	13950 GORRION COURT FORT PIERCE, FL 34951	
TITLE NAME	VS WHITLATCH, MILDRED A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	13950 GORRION COURT FORT PIERCE, FL 34951	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **C. ROBERT WHITLATCH, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

561-460-6033

Daytime Phone #

CF 2E034 (9/01)