

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90022 020 ***150.00

DOCUMENT # K09637

1. Entity Name
W.E. CARE HEALTH PRODUCTS, INC.



Principal Place of Business
**13950 GORRION COURT
FORT PIERCE FL 34951
US**

Mailing Address
**13950 GORRION COURT
FORT PIERCE FL 34951
US**

2. Principal Place of Business
14301 DULCE REAL
Suite, Apt. #, etc.

3. Mailing Address
14301 DULCE REAL
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
FORT PIERCE, FL.
Zip
34951

City & State
FORT PIERCE
Zip
34951

4. FEI Number **59-2927518**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITLATCH, C. ROBERT
13950 GORRION COURT
FORT PIERCE FL 34951**

*NO CHANGE
IN NAME
ONLY IN
ADDRESS*

7. Name and Address of New Registered Agent

Name
C. ROBERT WHITLATCH
Street Address (P.O. Box Number is Not Acceptable)
14301 DULCE REAL
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **C. ROBERT WHITLATCH, PRESIDENT** *C. Robert Whitlatch* **1-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHITLATCH, C. ROBERT 13950 14301 DULCE REAL FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLATCH, ROBERT G. 14301 DULCE REAL FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WHITLATCH, MILDRED A. 14301 DULCE REAL FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **C. Robert Whitlatch, PRESIDENT** *C. Robert Whitlatch* **1-14-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)