

2002. UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **K27241**

1. Entity Name
BAY AREA HOME HEALTH CARE, INCORPORATED

FILED
FILED
Aug 27, 2002 8:00 A.M
Secretary of State

Principal Place of Business
**111 E. ROBERTSON ST.
BRANDON FL 33511
US**

Mailing Address
~~**PO BOX 621
BRANDON FL 33511
US**~~ **WRONG!**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 621
Suite, Apt. #, etc.

City & State
MANGO, FL

Zip
33550

Country
USA

4. FEI Number **59-2899277**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MADHOSINGH, MARTIN L
2618 MILLER ROAD
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
600007808116 7

City
FL

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MADHOSINGH, MARTIN L 2618 MILLER ROAD VALRICO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MADHOSINGH, RADICA 2618 MILLER ROAD VALRICO FL
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition M/V/S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/G
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D JASON D. MADHOSINGH 2618 S. Miller Road Valrico FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D ADRIAN R. MADHOSINGH 2618 S. Miller Road Valrico FL 33594
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

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: **MARTIN L. MADHOSINGH** 8/20/02 (813) 654-6695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

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BAY AREA HOME HEALTH CARE, INC.

8/20/02

Division of Corporation
Attn: Mr. Andy Dunlap
P.O. Box 6327
Tallahassee FL 32314

Dear Sir,

This is in reference to our conversation today (8/20/02) in which I explained the difficulty that I've had in changing my mailing address for the past 3-4 years. My P.O. Box is located in MANGO FL not Brandon.

Attached please find copies of letter sent 5/22/00 and applicable certified mail receipts at, and proof (sent by Cynthia) showing that I did talk to her. She also told me to send it to P.O. Box 6327.

I am also enclosing (originals) showing where yrs 2001 & 2002 were sent to. To ensure that this problem do not happen again next year I do require a letter of acknowledgment from your office that this matter would be taken care of.

Thank you and have a great day.

Yours sincerely,

Martin L. Madhusingh

(813) 654-6695