## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPE

## **FILED** Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # K34237** 1. Entity Name TENDER CARE CENTERS, INC. 01-22-2001 90129 011 \*\*\*150.00 Principal Place of Business Mailing Address 1821/S.E. 4TH AVE. PO BOX 5159 FT. LAUDERDALE FL 33316 ... 1 ... 1 ... SPRING HILL FL 34606 6061382. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0088097 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZZUCO, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 6484 LAUREL OAK DR SPRINGHILL FL 34607 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE-Change MAZZUCO, PHILIP NAME STREET ADDRESS 6484 LAUREL OAK DR STREET ADDRESS CITY-ST-7IP SPRINGHILL FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAZZUCO, MICHAEL NAME 6499 SUGAR TREE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME " STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

OR DIRECTOR