

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 047 ***550.00

DOCUMENT # K47702

1. Entity Name
HOUSECALL SUPPORTIVE SERVICES, INC.

Principal Place of Business
~~311 WEISGARBER RD.~~ S.W.
KNOXVILLE TN
US

Mailing Address
311 WEISGARBER RD.. S.W.
KNOXVILLE TN
US

2. Principal Place of Business
6501 Deane Hill Dr

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
KNOXville TN
 Zip
37919 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **61-1156559** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ (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, 2001 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	PSD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOM-ANTONIO, LADONNA			NAME			
STREET ADDRESS	1600 TAMIAHI TRAIL, 4TH FLOOR			STREET ADDRESS	1600 Tamiami Trail 4th Floor		
CITY-ST-ZIP	MURDOCK FL 33938-0549			CITY-ST-ZIP	Port Charlotte FL 33948		
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, GREGG			NAME			
STREET ADDRESS	1600 TAMIAHI TRAIL, 4TH FLOOR			STREET ADDRESS	6501 Deane Hill Dr		
CITY-ST-ZIP	MURDOCK FL 33938-0549			CITY-ST-ZIP	KNOXville TN 37919		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, TERRY			NAME			
STREET ADDRESS	111 NORTH ORLANDO AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDERSCHIEDT, ROBERT			NAME			
STREET ADDRESS	111 NORTH ORLANDO AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRIMBLE, T L			NAME			
STREET ADDRESS	111 N ORLANDO AVE.			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WERNER, THOMAS			NAME			
STREET ADDRESS	111 NORTH ORLANDO AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			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 an other like empowered.

SIGNATURE: *Carrie Daniels* **Carrie Daniels** 7/19/01 865-292-1003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000051

CR2E034 (10/00)