

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47721

1. Entity Name

HOUSECALL-SCS MANAGEMENT, INC.

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

07-19-2001 90005 043 ***550.00

Principal Place of Business

Mailing Address

311 WEISGARBER RD., S.W.
KNOXVILLE TN 37919
US

311 WEISGARBER RD., S.W.
KNOXVILLE TN 37919
US

HOUSECALL

2. Principal Place of Business

3. Mailing Address

6501 Deane Hill Dr
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

KNOXVILLE TN

Zip
37919

Country
USA

Zip

Country

4. FEI Number 61-1156560

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BLOM-ANTONIO, LADONNA
1600 TAMiami TRAIL, 4TH FLOOR
MURDOCK FL 33938-0549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1600 Tamiami Trail, 4th Floor
Port Charlotte FL 33948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
DAVIS, GREGG
1600 TAMiami TRAIL, 4TH FLOOR
MURDOCK FL 33938-0549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6501 Deane Hill Dr
KNOXVILLE TN 37919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAW, TERRY
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDERSCHIEDT, ROBERT
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
TRIMBLE, T L
111 NORTH ORLANDO AVE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WERNER, THOMAS
111 NORTH ORLANDO AVE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carrie Daniels 1/9/01 865-292-
VP Finance Date Daytime Phone # 1/9/01

CR2E03 (10/00)

0607981