

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90001 011 ***158.75

00063540

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K 57239**

1. Entity Name

HIGH TECH HOME HEALTH INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4360 NORTHLAKE BLVD

3. Mailing Address

4360 NORTHLAKE BLVD

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

PALE BEACH GARDENS, FL

City & State

PALE BEACH GARDENS, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

65-0097857

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARKIN, MIMI K.
1 Sheldrake Lane
Palm Beach Gardens FL 33418

7. Name and Address of New Registered Agent

Name **LARKIN, MIMI K.**
 Street Address (P.O. Box Number is Not Acceptable)
4360 NORTHLAKE BLVD #214
PALE BEACH GARDENS FL Zip Code **33410**

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

Mimi Larkin

MIMI LARKIN

6/6/00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	LARKIN, MIMI K.	
STREET ADDRESS	1 SHELDRAKE LANE	
CITY-ST-ZIP	PALE BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKIN, THOMAS J.	
STREET ADDRESS	1 SHELDRAKE LANE	
CITY-ST-ZIP	PALE BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mimi Larkin

MIMI LARKIN

6/6/00 561-626-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)