## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF

## FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # L66613** 1. Entity Name HOME CARE INDUSTRIES, INC. 01-25-2001 90098 033 \*\*\*150.00 Principal Place of Business Mailing Address 12101 31 CT N 12101 31 CT N ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 901967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3004493 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE RICH, JOHN NAME NAME STREET ADDRESS 2135 CAMDEN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** Addition ☐ Delete ☐ Chance TITLE LARKIN, DAVID NAME NAME STREET ADDRESS 708 1ST AVENUE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIÈRRE VERDE FL 33715 TITLE Delete Schoepmen MIKO TITLE PENER "".... ROSS MATNE DR El 33569 NAME SELIGMAN, TERRY NAME STREET ADDRESS 1837 STREET ADDRESS "3660" EAST BAY DRIVE #231 CITY-ST-7IP CITY-ST-7IP LARGO FL 33771 ☐ Addition TITLE Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expect 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 unter life propowered.

1-11-01