

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90766 019 ***150.00

DOCUMENT # L67422

1. Entity Name
CHAIR CARE PLUS, INC.

Principal Place of Business

% SHIRLEY V. RUGGIERI
 8100 NW 72 AVE
 TAMARAC FL 33321

Mailing Address

% SHIRLEY V. RUGGIERI
 8100 NW 72 AVE
 TAMARAC FL 33321

2. Principal Place of Business

2055 N.W. 32 ST.
 Suite, Apt. #, etc.
 Pompano Bch., FL
 City & State

3. Mailing Address

2055 N.W. 32 ST.
 Suite, Apt. #, etc.
 Pompano Bch., FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0188228

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUGGIERI, RICHARD V
 8100 NW 72 AVE
 TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name: RICHARD V. RUGGIERI
 Street Address (P.O. Box Number is Not Acceptable): 2055 N.W. 32 ST.
 City: Pompano Bch., FL FL Zip Code: 33064

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: *R.V. Ruggieri* V.P. RICHARD V. RUGGIERI 4-1-02
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RUGGIERI, RICHARD V. 8100 NW 72 AVE TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUGGIERI, RICHARD G. 1999C N.W. 4 AVENUE BOCA RATON FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *R.V. Ruggieri* R.V. RUGGIERI 4-1-02 954-970-0050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)