

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90064 016 ***158.75

DOCUMENT # L91785

1. Entity Name
SUPERIOR IN-HOME CARE INC.



Principal Place of Business
**1000 NEW WARRINGTON ROAD
PENSACOLA FL 32506
US**

Mailing Address
**1000 NEW WARRINGTON ROAD
PENSACOLA FL 32506
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3021356**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DALTON, ANNE
2300 CADDY SHACK LANE
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name **Stephanie J Mayer**

Street Address (P.O. Box Number is Not Acceptable)

7115 Eight mile Creek Rd

City **Pensacola**

FL

Zip Code **32526**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephanie J Mayer*
Signature, type or printed name of registered agent and title (applicable).

Stephanie J Mayer VP

1-2-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DALTON, ANNE**
STREET ADDRESS **2300 CADDY SHACK LANE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **V** ☐ Delete
NAME **MAYER, STEPHANIE J**
STREET ADDRESS **7115 EIGHT MILE CREEK ROAD**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **S** ☐ Delete
NAME **MAYER, RUSS S**
STREET ADDRESS **7115 EIGHT MILE CREEK ROAD**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Dalton, Anne**
STREET ADDRESS **1015 Historic Hills Dr**
CITY-ST-ZIP **Dandridge TN 37725**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie J Mayer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-03
Date

(850) 457-1601
Daytime Phone #

CR2E034 (10/02)