

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001959**

1. Entity Name
CARE RIDE, L.L.C.

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4923 71ST AVENUE
PINELLAS PARK FL 33781

Mailing Address
4923 71ST AVENUE
PINELLAS PARK FL 33781-4428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUARDT, EMIL C JR. ESQ
MCFARLANE, FERGUSON & MCMULLEN
625 COURT ST., SUITE 200
CLEARWATER FL 33756

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM VENTURES DME, INC.
STREET ADDRESS 11175 STRKEY ROAD
CITY-ST-ZIP LARGO FL 33773

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGRM CARE RUDE, INC.
STREET ADDRESS 6883 AUGUSTA BLVD.
CITY-ST-ZIP LARGO FL 33777

TITLE NAME Change Addition
STREET ADDRESS **CARE Ride, INC.**
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS **8000031174**
CITY-ST-ZIP **-02/01/00--01025--008**
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Denton W. Crockett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DENTON W. CROCKETT
Vice Pres. 1/18/00 (727) 394-6411
Date Daytime Phone #