## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M02501** 1. Entity Name

## A RELIABLE HOMEMAKER OF MARTIN-ST. LUCIE COUNTY,

## **FILED** Mar 28, 2000 8:00 am Secretary of State

03-28-2000 90100 035 \*\*\*150.00

B 7011	Principal Place of Business			Mailing Address							
Suite, Apt et. etc.    Suite, Apt et. etc.   Suite, Apt et. etc.   Suite, Apt et. etc.   Suite, Apt et. etc.   Suite, Apticular For   Applicable For   Ivan Applicable For   Iva	CB 7011 (LAKE SUCCESS, NY. 11042 (			CB 7011 LAKE SUCCESS NY 11042-1016		i 100:00	II <del>(1</del> 1 <b>44 14)                               </b>	61 <b>616)</b> ( 816() (	eleki azaz) elek	I <b>a</b> vana kana	
City & State	2. Principal Place of Business			3. Mailing Address							
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Zip	City & State			City & State			4. FEI Number 59-2486081			<del></del>	
THE PRENTICE-HALL CORP. SYSTEM, INC.  1201 HAYES ST SUITE 195 TALLAHASSEE FL 32301  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    Spring requirement and elects to do so   After MAY 1, 2000 Fee will be \$550,00     Make Check Payable to Department of State   SAVITSKY, STEPHEN   Debte   Debte     SAVITSKY, STEPHEN   SAVITSKY, DAVID   Debte   TITLE   SAVITSKY, DAVID   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   SAVITSKY, DAVID   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   Debte   SAVITSKY, DAVID   SAVITSKY, DAVID   Debte   DAVID   DEBTE   DAVID   D	Zip		Country	Zip Country			5. Certificat	Certificate of Status Desired Status Resired Res			ditional
THE PRENTICE-HALL CORP. SYSTEM, INC. 1201 HAYES ST SUITE 195 TALLAHASSEE FL 32301  City FL 7tip 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 Florda.  SIGNATURE  Signature, to near or injusted area of registered agent and present agent and tire if application.  PLE HOWILI FEE S150.00 Alter MAY 1, 2000 Fee will be \$550.00 Alter MAY 1, 2000 Fee		6. Name	and Address of Current Ro	egistered Agent	gistered Agent		7. Name and Address of New Registered Agent				
1201 HAYES ST SUITE 195  TALLAHASSEE FL 32301  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  By This corporation is eligible to satisfy its intangible Task filter requirement and elects to do so.  (See criteria on back)  After MAY 1, 2000 Fee will be \$550,00				- · ·	Nam	Name					
SUITE 195 TALLAHASSEE FL 32301  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  Signature, types or printed name of injurience agent socials in applicable.  P. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$55,00 May Be Added to Fees Addition  TILE  SANTISKY, STEPHEN SIREF ADDRESS CITY-SI-ZP LAKE SUCCESS NY 11042  Detate  TILE  SANTISKY, DAVID  SIREF ADDRESS TITE  SANTISKY, DAVID  SIREF ADDRESS TITE  SANTISKY, DAVID  SIREF ADDRESS CITY-SI-ZP  Addition  SIREF ADDRESS TITE  SANTISKY, DAVID  SIREF ADDRESS TITE  S					Stre	Street Address (P.O. Box Number is Not Acceptable)					
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda.  SIGNATURE    Signature, luped or prived name of registered agent age											
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    Signature   Signat			1 32301								
SIGNATURE    Signature, typoid or printed name of registered agent and till if applicable.   (NOTE: Registered Agent argusture recurred when remtatory)   DATE	17100	WIN WOLL I	L 02001		City				FL	Zip Code	e
SIGNATURE    Signature, typoid or printed name of registered agent and till if applicable.   (NOTE: Registered Agent argusture recurred when remtatory)   DATE	8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.										
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indicated on this report or supplied with this ining does not quality for the exemption stated in Section 119.07(3)(i), Frontal 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:**