

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90333 044 \*\*\*\*61.25

**DOCUMENT # NO1000006467**

1. Entity Name

**HELP CARE, INC.**

Principal Place of Business

Mailing Address

**1130 EAST DONEGAN AVENUE SUITE 127  
 KISSIMMEE FL 34744**

**1130 EAST DONEGAN AVENUE SUITE 127  
 KISSIMMEE FL 34744**

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

**59 374 3318**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENNIS, TERREL  
 4629 CHEYENNE POINT TR  
 KISSIMMEE FL 34746**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DENNIS, TERREL</b>
STREET ADDRESS	<b>4629 CHEYENNE POINT TR</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JONES, LARRY</b>
STREET ADDRESS	<b>2290 W EAU GALLIE BLVD STE 106</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JONES, MARIE</b>
STREET ADDRESS	<b>261 COMPETITION DR</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>YOUNGS, RON</b>
STREET ADDRESS	<b>145 FLESTA DR</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ATKINSON, PAUL</b>
STREET ADDRESS	<b>503 PINE TOP PLACE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BRIDGEWATER, JACKIE</b>
STREET ADDRESS	<b>1222 INGRAM ST</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>

TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carmen Carrasquillo</b>
STREET ADDRESS	<b>1099 Shady Lane</b>
CITY-ST-ZIP	<b>Kissimmee FL 34744</b>
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Rudolph Elliott</b>
STREET ADDRESS	<b>11601 4th St N. Apt 102</b>
CITY-ST-ZIP	<b>St Petersburg FL 33716</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

Date

**407 518**

Daytime Phone #

CR2E037 (9/01)