

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90329 030 ****70.00

DOCUMENT # N02000002211

1. Entity Name

CONSUMER HEALTH CARE, INC.



Principal Place of Business

**100 HIGHLINE DR
LONGWOOD FL 32750**

Mailing Address

**100 HIGHLINE DR
LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

797 SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs

4. FEI Number

01-0609147

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

40009221



6. Name and Address of Current Registered Agent

**DEMETREE, ROBERT A
100 HIGHLINE DR
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name

Robert A. Demetree

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

797 SR 434

City

Altamonte Springs

FL

Zip Code
32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **DEMETREE, ROBERT A**
STREET ADDRESS **100 HIGHLINE DR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **DS** ☐ Delete
NAME **DEMTREE, DAVID A**
STREET ADDRESS **100 HIGHLINE DR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **DT** ☐ Delete
NAME **DEMETREE, MATTHEW C**
STREET ADDRESS **100 HIGHLINE DR**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **Director** ☐ 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 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **797 SR 434**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **162 Oak View Cir.**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **136 Rockhill Dr.**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Dale C. McDyer**
CITY-ST-ZIP **1012 Turtle Creek Dr.**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Beverly Gilbert**
CITY-ST-ZIP **1132 Vicksburg St.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Deltona, FL 32725**

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

3/6/03

407-862-7272

CR2E037 (10/02)