2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-30-2002 90013 031 ****61.25

DOCUMENT # N44921

1. Entity Name

TOGETHER WE CARE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 32252 PALM BEACH GARDENS FL 33420	P.O. BOX 32252 PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

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 65-0284820 ☐ 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
ARMOUR, ALAN I. II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOKOFF, KAY 3791 LEPONT WAY PALM BCH GDNS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHELDON SOLODAR 3079 MIRO DR. S. PALM BCH. GDNS, FL. 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERSON, LARRY 8895 N MILLITARY TRAIL 203D PALM BEACH GARDENS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACQUI SOLODAR 3079 MIRO DR. S. PALM BCH. GDNS, FL. 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAWLINS, CAROLYN 3844 BUTTERCUP CIR. PALM BEACH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Martha Rawlins 13873 Rivoli Dr. PB.G. FL. 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUDMAN, HARRY 13709 RIVOLI DR. PALM BCH GDNS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sonia Burke 153 Windward Dr PB.G. FL. 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBED, HARTZEL 13323 DEAVRILLS DR. PALM BCH GDNS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B Bernard Lodges 13861 Rivoli Dr PB.G., FL. 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Sheldon Solodar, Trust 1/23/02 561-624-9062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #