

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 98000003263*

1. Entity Name

*Men/ky CARE Solutions, Inc*

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90387 048 \*\*\*\*61.25

00043412

Principal Place of Business

Mailing Address

*2660 NW 21 Court Same  
De Bauderdale, FLA 33311*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Williams, Barry E  
2660 NW 21 Court  
De Bauderdale, FLA 33311*

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 *Will* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Op* ☐ Change ☐ Addition  
NAME *Williams, Barry E*  
STREET ADDRESS *2660 NW 21 Court*  
CITY-ST-ZIP *De Bauderdale, FLA 33311*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Op* ☐ Change ☐ Addition  
NAME *Middleton, Anita*  
STREET ADDRESS *7708 Belvoir Dr.*  
CITY-ST-ZIP *Ocala, FLA 32835*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Op* ☐ Change ☐ Addition  
NAME *Margaret Smith Williams*  
STREET ADDRESS *2660 NW 21 Court*  
CITY-ST-ZIP *De Bauderdale, FLA*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)