

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90053 005 ****61.25

DOCUMENT # N98000006420

1. Entity Name
ELEOS-THE CARE NETWORK, INC.

Principal Place of Business Mailing Address
14376 COLONIAL GRAND BLVD. #2307 **PO BOX 770777**
ORLANDO FL 32837 **ORLANDO FL 32877-0777**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2015 Reston Road**
 Suite, Apt. #, etc. **# 2211**

City & State **Orlando FL**

Zip **32837** Country **USA**

4. FEI Number **59-3530423**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUKILL, JIM
14376 COLONIAL GRAND BLVD. #2307
ORLANDO FL 32837

7. Name and Address of New Registered Agent
 Name **Hukill, Jim**
 Street Address (P.O. Box Number is Not Acceptable) **2015 Reston Rd # 2211**
 City **Orlando** State **FL** Zip Code **32837**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO HUKILL, JIM 14376 COLONIAL GRAND BLVD. #2307 ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKES, MIKE REV. 3231 AMACA CIRCLE ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFITT, JOHNNY 14376 COLONIAL GRAND BLVD. #2307 ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUKELL, RHONETTE 14376 COLONIAL GRAND BLVD., #2307 ORLANDO FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, PENNY 27 CEDAR STREET LAWRENCEVILLE VA 23868 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEINBURG, JEFF 6835 KEYSTONE DR MEMPHIS TN 38115-5377 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO Hukill, Jim 2015 Reston Road # 2211 Orlando FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Hukill, Rhonette 2015 Reston Road # 2211 Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Date **4/6/00** Daytime Phone # **(407) 888-8381**