

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-10-2001 90123 003 ***550.00

DOCUMENT # P00000000477

1. Entity Name
 HOME CARE CONSULTANTS INC.

(LA)

Principal Place of Business
 9915 HARTWELL BRIDGE CIR
 TAMPA FL 33626

Mailing Address
 9915 HARTWELL BRIDGE CIR
 TAMPA FL 33626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 9915 Hartwell Bridge Cir.
 Suite, Apt. #, etc.

3. Mailing Address
 9915 Hartwell Bridge Cir.
 Suite, Apt. #, etc.

City & State
 Tampa FL
 Zip
 33626

City & State
 Tampa FL
 Zip
 33626

4. FEI Number
 59-3619010
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FLACK, PATRICK R
 9915 HARTWELL BRIDGE CIR
 TAMPA FL 33626

7. Name and Address of New Registered Agent
 Name: Patrick R. Flack
 Street Address (P.O. Box Number is Not Acceptable)
 9915 Hartwell Bridge Cir.
 City: Tampa FL Zip Code: 33626

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 7/3/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Patrick Randolph Flack	9915 Hartwell Bridge Circle	Tampa, FL 33626	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7/3/01 813-245-5082
 Daytime Phone #

CR2E034 (5/01)