

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90146 001 ***550.00
 08-06-2002 90146 002 *****5.00

DOCUMENT # P00000023525

1. Entity Name
AAA HOME CARE, INC.

Principal Place of Business Mailing Address
1898 HILLSBOROUGH BLVD STE E SR **1898 HILLSBOROUGH BLVD STE E SR**
DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442**

- 98175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1898 Hillsboro Blvd **1898 Hillsboro Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite E **Suite E**

City & State City & State 4. FEI Number **05-0844287** Applied For
13-4205481 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **A** **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
HEVERT, ELIZABETH Name
1898 HILLSBOROUGH BLVD STE E Street Address (P.O. Box Number is Not Acceptable)
DEERFIELD BEACH FL 33442 City Zip Code
FL

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 **Elizabeth J. Hevert** (NOTE: Registered Agent signature required when reinstating) DATE

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 13, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVERT, ELIZABETH		NAME		
STREET ADDRESS	1898 HILLSBOROUGH BLVD STE E		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 empowered.

SIGNATURE: **Elizabeth J. Hevert** **954 429-1424**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)