

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039924

1. Entity Name

PEOPLE'S CHOICE HOME CARE, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90217 027 \*\*\*150.00

Principal Place of Business

8639 SW 25TH AVENUE  
TRENTON FL 32693

Mailing Address

P.O. BOX 96  
TRENTON FL 32693



2. Principal Place of Business

3. Mailing Address

PO Box 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cedar Key, Fl

Zip

Country

Zip

Country

32625

USA

4. FEI Number

59-3641027

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

CAUSEY, KATHRYN F

413 N.E. 7TH STREET

TRENTON FL 32693

Name  
Causey, Kathryn F.

Street Address (P.O. Box Number is Not Acceptable)

12421 SR 24

City

Cedar Key

FL

Zip Code

32625

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T, D  
Causey, Kathryn F.  
12421 SR 24  
Cedar Key, Fl 32625

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P, S, D  
Belinda L. Todd  
8639 SW 25th Av  
Trenton Fl 32693

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01 352-543 6211

Daytime Phone #

CR2E034 (10/00)