

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047976

1. Entity Name
EUROPEAN TOTAL HOME CARE, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 PM 3:12

Principal Place of Business
11430 TAMiami TRAIL EAST
NAPLES FL 34113

Mailing Address
11430 TAMiami TRAIL EAST
NAPLES FL 34113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3653502

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

Name

ALFRED GSELL

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

11430 TAMiami TRAIL EAST

City

NAPLES

FL

Zip Code

34113

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

ALFRED GSELL

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

(NOTE: Registered Agent signature required when reinstating)

8-21-01

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 \$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 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: X

SIGNATURE ALFRED GSELL

8-21-01 (941) 821 8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SP

0125452 AT

CR2E034 (5/01)

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European Total Home Care, Inc.
11430 Tamiami Trail E.
Naples, FL 34113

September 19, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: P00000047976 Uniform Business Report

Dear Marquitta Williams

Thanks for your letter **301A00050955** from Sept. 11th 2001.

We did not receive the original UBR.

This did lead us (as we stated in our last letter) to the impression
our attorney Casey Wolff at Naples would handle this matter.

This is our first year of operation and our office is at a joint address
with another office which may have confused the postman.

Please abate the penalty based upon reasonable cause.

Sincerely


Alfred Gsell,
President and
Secretary of European Total Home Care, Inc.