

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058415

1. Entity Name

COMPLETE HOUSE CARE MANAGEMENT, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91137 023 \*\*\*150.00

Principal Place of Business

1322 RIVERSIDE CIRCLE  
WELLINGTON FL 33414

Mailing Address

1322 RIVERSIDE CIRCLE  
WELLINGTON FL 33414

2. Principal Place of Business

1176 STAGHORN ST.  
Suite, Apt. #, etc.

3. Mailing Address

1176 STAGHORN ST.  
Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FL.

4. FEI Number

☒ Applied For

☒ Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

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

SILVER, WILLIAM P  
1322 RIVERSIDE CIRCLE  
WELLINGTON FL 33414

Name

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

1176 STAGHORN ST.

City

WELLINGTON

FL

Zip Code

33414

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

*William P. Silver*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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 \$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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PRESIDENT             | <input type="checkbox"/> Delete |
| NAME           | WILLIAM P. SILVER     |                                 |
| STREET ADDRESS | 1176 STAGHORN ST.     |                                 |
| CITY-ST-ZIP    | WELLINGTON, FL. 33414 |                                 |
| TITLE          | CHAIRMAN OF THE BOARD | <input type="checkbox"/> Delete |
| NAME           | WILLIAM P. SILVER     |                                 |
| STREET ADDRESS | 1176 STAGHORN ST.     |                                 |
| CITY-ST-ZIP    | WELLINGTON, FL. 33414 |                                 |
| TITLE          | TREASURER             | <input type="checkbox"/> Delete |
| NAME           | WILLIAM P. SILVER     |                                 |
| STREET ADDRESS | 1176 STAGHORN ST.     |                                 |
| CITY-ST-ZIP    | WELLINGTON, FL. 33414 |                                 |
| TITLE          | ASSISTANT TREASURER   | <input type="checkbox"/> Delete |
| NAME           | WILLIAM P. SILVER     |                                 |
| STREET ADDRESS | 1176 STAGHORN ST.     |                                 |
| CITY-ST-ZIP    | WELLINGTON, FL. 33414 |                                 |
| TITLE          | VICE PRESIDENT        | <input type="checkbox"/> Delete |
| NAME           | EVELYN V. SILVER      |                                 |
| STREET ADDRESS | 1176 STAGHORN ST.     |                                 |
| CITY-ST-ZIP    | WELLINGTON, FL. 33414 |                                 |
| TITLE          | SECRETARY             | <input type="checkbox"/> Delete |
| NAME           | EVELYN V. SILVER      |                                 |
| STREET ADDRESS | 1176 STAGHORN ST.     |                                 |
| CITY-ST-ZIP    | WELLINGTON, FL. 33414 |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*William P. Silver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)