

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90074 032 ***150.00

DOCUMENT # P00000065262

1. Entity Name
DR. HOUSECALL'S COMPUTER SERVICE, INC.

Principal Place of Business
321 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984

Mailing Address
321 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1713 ANECI ST
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3672
 Suite, Apt. #, etc.

City & State
PORT ST. LUCIE FL
 Zip
34983
 Country
USA

City & State
FT. PIERCE FL
 Zip
34948
 Country
USA

4. FEI Number **65-1027992**
 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

HOYLMAN, KEITH R
1713 ANECI ST
PORT ST LUCIE FL FL349-83

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **KEITH HOYLMAN** **4-30-02**
Signature, typed or printed name of registered agent and title, if applicable. (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 \$150.00
After May 1, 2002 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	P <input type="checkbox"/> Delete
NAME	HOLYMAN, KEITH R
STREET ADDRESS	1713 ANECI ST
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	V <input type="checkbox"/> Delete
NAME	HOLYMAN, HAZEL A
STREET ADDRESS	1713 ANECI ST
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	ST <input type="checkbox"/> Delete
NAME	CROSS, ROSANNA A
STREET ADDRESS	1713 ANECI ST
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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: **KEITH HOYLMAN** **4-30-02** **772-878-8343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)