

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073445**

1. Entity Name

HAPPY HOUSE HOME CARE, INC.**FILED**
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90027 031 ***150.00

Principal Place of Business

**93 MARGUERITA DR
W PALM BEACH FL 33415**

Mailing Address

**93 MARGUERITA DR
W PALM BEACH FL 33415**

2. Principal Place of Business

93 MARGUERITA DR
Suite, Apt. #, etc.

3. Mailing Address

93 MARGUERITA DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

W.P.B FL

City & State

W.P.B FL

4. FEI Number

65-1029009

Applied For

Not Applicable

Zip

33415

Country

P.B

Zip

33415

Country

P.B5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, JAMES M ESQ
1211 THE PLAZA
SINGER ISLAND FL 33404**

7. Name and Address of New Registered Agent

Name **JAMES M. STEWART ESQ**

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

1211 THE PLAZA

City

Singer Island

FL

Zip Code

33401

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, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GONITE, VICTORIA**
STREET ADDRESS **93 MARGUERITA DR**
CITY-ST-ZIP **W PALM BEACH FL 33415**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

361-687-9936

CR2E034 (10/00)

000112