

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076885

1. Entity Name
SANDY'S HOME CARE INC.

Principal Place of Business
**8208 NW 14TH STREET
CORAL SPRINGS FL 33071**

Mailing Address
**8208 NW 14TH STREET
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1019509

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

**SANDERS, SANDRA
8208 NW 14TH STREET
CORAL SPRINGS FL 33071**

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

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SANDERS, SANDRA	8208 NW 14TH STREET CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SMITH, PAULINE	8208 NW 14TH STREET CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LALIMORE, VIVINE	8208 NW 14TH STREET CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DATRIO, NADINE	8208 NW 14TH STREET CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Sanders Sandra Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-8-01 954 345624

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90021 044 ***150.00



DO NOT WRITE IN THIS SPACE