

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90088 023 ***150.00

05/26/01

DOCUMENT # P00000079150

1. Entity Name
FRIENDS HOME CARE, INC.

Principal Place of Business

Mailing Address

1313 DIRKDN DR. D1
 DEBARY FL 32713

1313 DIRKDN DR. D1
 DEBARY FL 32713

2. Principal Place of Business

3. Mailing Address

313 Dirksen Dr.

313 Dirksen Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D1

Bldg D1

City & State

City & State

DeBary, Florida

DeBary, Florida

Zip

Zip

32713

32713

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

313 Dirksen Dr, D1

DeBary, Florida

City

FL

Zip Code

32713

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 **D** ☐ Delete
 NAME **TAYLOR-SHENK, KRISTIN**
 STREET ADDRESS **1313 DIRKDN DR, D1**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COREY SHENK, RICHARD**
 STREET ADDRESS **1313 DIRKDN DR, D1**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ 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:

Kristin Taylor-Shenk Kristin Taylor-Shenk
Richard Corey Shenk Richard Corey Shenk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

904-527-0577

407-4108-4777