5/21/01-90036-049-$1

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-21-2001 90036 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082615

1. Entity Name: United Senior Care, INC.

Principal Place of Business: 7655 W Gulf to Lake Hwy, ste 16, Crystal River, FL 34429

Mailing Address: PO BOX 641233, Beverly Hills, FL 34464

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO BOX 641233
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Beverly Hills, FL
Zip / Country	Zip: 34464 Country: USA

4. FEI Number: 59-3668590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Beth Snyder
Po Box 641233
Beverly Hills, FL 34464

7. Name and Address of New Registered Agent

Name: Beth Snyder
Street Address (P.O. Box Number is Not Acceptable): 3600 N Pine Valley Loop
City: Lecanto FL Zip Code: 34461

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	P Beth Snyder PO Box 641233 Beverly Hills, FL 34464 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Beth Snyder (signature) 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #