

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-04-2003 90067 026 \*\*\*150.00

P00000088504

DOCUMENT # P00000088504

1. Entity Name

PAT-BRAN SENIOR CARE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP -9 PM 5:20

Principal Place of Business  
5030 NW 44TH AVE  
COCONUT CREEK FL 33073

Mailing Address  
5030 NW 44TH AVE  
COCONUT CREEK FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

MORRIS, PATRICA  
5030 NW 44TH AVE  
COCONUT CREEK FL 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A MORRIS, PATRICA  
5030 NW 44TH AVE  
COCONUT CREEK FL 33073 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (4/03)

al9

Attachment  
9/2/03

80143825

Pat- Bran Senior Care #P00000088504

5030 NW 44th Ave.

Coconut Creek

FL 33073

For Profit Corporation  
Uniform Business Report

To Whom It May Concern

I received my report package to be filed by September 10. I was very careful to place it in a conspicuous place so it wouldn't be late. (Bearing in mind I had paid \$900 in January because I was a novice at this)

Now I realize I am being asked to pay \$550<sup>00</sup>. I had know previous notice of this and I cannot afford this amount of money. I am enclosing my check for \$150<sup>00</sup> which represents the yearly fee which I have being anticipating. Please look into this matter and have it corrected for me.

Yours Sincerely,  
Patricia Morris (adm.)