

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # P00000088955

1. Entity Name

CARE ON WHEELS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90001 033 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 7946
ST. PETERSBURG FL 33734

P.O. BOX 7946
ST. PETERSBURG FL 33734

2. Principal Place of Business

3530 1AVE. N

Suite, Apt. #, etc.

211#

City & State

St. Pete. FLORIDA

Zip

Country

33713

3. Mailing Address

3530 1AVE N

Suite, Apt. #, etc.

211#

City & State

St. Pete FLORIDA

Zip

Country

33734



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3676004

☒ 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

Name

Tony T. Jones

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

Tony T. Jones President

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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

TITLE D ☐ Delete
NAME JONES, TONY T
STREET ADDRESS 1827 46TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Tony T. Jones President

4/20/01 (727) 323-5646

Date

Daytime Phone #

CR2E034 (10/00)