

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am
Secretary of State**

02-13-2001 90064 039 ***150.00

DOCUMENT # P00000104955

1. Entity Name

HOME ASSISTANTS OF ORLANDO, INC.

Principal Place of Business

**13405 BELOIT WOODS LANE
ORLANDO FL 32819**

Mailing Address

**13405 BELOIT WOODS LANE
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

~~Same as above but (zip change)~~ **P.O. Box 770304**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13405 Beloit Woods Lane

City & State

City & State

Orlando, FL**Orlando, FL**

Zip

Country

Zip

Country

32824**USA****32877-0304****USA**

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3677181

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Donald S. Zondervan

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

13405 Beloit Woods LN

City

Orlando**FL**

Zip Code

32824

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.

Donald S. Zondervan - President

(NOTE: Registered Agent signature required when reinstating)

2/9/01

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

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 checked="" type="checkbox"/> Addition
						P	Donald S. Zondervan	13405 Beloit Woods Lane		
							Orlando, FL	32824		
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Donald S. Zondervan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

Date

407-240-3388

Daytime Phone #

CR2E034 (10/00)