

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

02-10-2002 90011 043 ***158.75

DOCUMENT # P00000114705

1. Entity Name Eastside Care, Inc.
190 Defender Ave.
Lake City, FL 32025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

190 Defender Ave
Suite, Apt. #, etc.

3. Mailing Address

190 Defender Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lake City, FL
Zip 32025 Country Columbia

City & State Lake City, FL 32025
Zip Columbia

4. FEI Number

SR 59-386-5007

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Daphine Kirby

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

190 Defender AveCity Lake City

FL

Zip Code

32025DO NOT WRITE
IN THIS SPACE

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 DAPHINE KIRBY

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

Daphine Kirby

(NOTE: Registered Agent signature required when reinstating)

2-5-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME Daphine Kirby
STREET ADDRESS Rt. 27 Box 2480
CITY-ST-ZIP Lake City, FL 32025

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daphine Kirby Daphine Kirby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

386-755-4487

Daytime Phone #

CR2E034B (12/01)