

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90058 035 ***150.00

0173695 AV

DOCUMENT # P01000017450

1. Entity Name
ELDER CARE DIRECTIONS, INC.

| | |
|---|---|
| Principal Place of Business 2115 ROCK ISLAND ROAD MARGATE FL 33063 | Mailing Address 2115 ROCK ISLAND ROAD MARGATE FL 33063 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 2. Principal Place of Business 2115 Rock Island Rd. | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|---------------------------------|
| City & State Margate FL. | City & State |
| Zip 33063 | Country FLORIDA STATE |

| | |
|---|--|
| 4. FEI Number 58/2633187 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**TRICK, WILLIAM WATSON JR.
 1216 E. ATLANTIC BOULEVARD
 SUITE 7
 POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name
N/A

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 _____ (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, 2002 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 | D LUCIANO, VICTORIA 2115 ROCK ISLAND ROAD MARGATE FL 33063 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUCIANI, LORRAINE 1445 ATLANTIC SHORES BLVD., #101 HALLANDALE FL 33009 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine Luciani* **SIGNATURE REQUIRED** 2/14/02 954-457-4499
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)