

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90133 040 \*\*\*150.00

0659963 AV

**DOCUMENT # P01000018320**

1. Entity Name

**PINARD HOME HEALTH SERVICES, INC.**

Principal Place of Business

**10846 SE 72 TERR  
 BELLEVUE FL 34420**

Mailing Address

**10846 SE 72 TERR  
 BELLEVUE FL 34420**

2. Principal Place of Business

**4849 SE 110th ST.**

3. Mailing Address

**P.O. Box 2811**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**BELLEVUE, FL**

City & State

**BELLEVUE, FL**

4. FEI Number

**59-3712361**

Applied For

☐ Not Applicable

Zip

**34420**

Country

Zip

**34421**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PINARD, ROBERT G  
 10846 SE 72 TERR  
 BELLEVUE FL 34420**

7. Name and Address of New Registered Agent

Name **ROBERT G. PINARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9613 SE 124th Loop**  
 City **SUMMERFIELD** FL Zip Code **34491**

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 **ROBERT G. PINARD**

**1-15-02**

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

(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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PINARD, ROBERT G**  
 CITY-ST-ZIP **10846 SE 72 TERR  
 BELLEVUE FL 34420**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PINARD, EILEEN**  
 CITY-ST-ZIP **10846 SE 72 TERR  
 BELLEVUE FL 34420**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9613 SE 124th Loop**  
 CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9613 SE 124th Loop**  
 CITY-ST-ZIP **SUMMERFIELD, FL 34491**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

**Edith Pinard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/02 352-347-9700**

CR2E034 (9/01)