

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90114 028 ***150.00

DOCUMENT # P01000029809

1. Entity Name

PAUL HEALTHCARE SERVICES, INC.

Principal Place of Business

425 S. CHICKASAW TRAIL #345
 ORLANDO FL 32825-7833

Mailing Address

425 S. CHICKASAW TRAIL #345
 ORLANDO FL 32825-7833

2. Principal Place of Business

12620 Parkbury Dr. Suite, Apt. #, etc.

3. Mailing Address

12620 Parkbury Dr. Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

943404007

Applied For

Not Applicable

Zip

Country

32828 orange

Zip

Country

32828 orange

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMALLEY, CRAIG W
 1527 E. CONCORD ST.
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 OWIREDU, PAUL K
 PO BOX 677067
 ORLANDO FL 32867-7067

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-9-02 (407)443-7618

Date

Daytime Phone #

Attachment # PO 1000029809
121572

Paul Healthcare Services

12620 Parkbury Drive

Orlando, FL 32828

407-443-7618

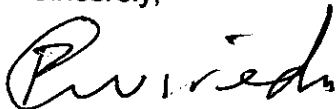
July 10, 2002

Division Of Corporations
Uniform business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I did not receive the initial statement from you. I only received this past due statement in which I have enclosed with my payment of \$150.00. I spoke to a representative on July 9, 2002 about this. I informed her that I did not receive the first statement and I was advised that I may send in the \$150.00 without penalty. Please correct my address in your system. My physical address is 12620 Parkbury Drive, Orlando, FL 32828. My mailing address is Post Office Box 677067, Orlando, FL 32867-7067. The telephone number is (407) 443-7618 and the fax number is (407) 249-7117. If you have any questions or concerns please call me.

Sincerely,



Paul Owiredo
Owner

Enclosure