

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030154

1. Entity Name
HOME IS WHERE THE HEART IS, INC.



Principal Place of Business
3951 N. HAVERHILL RD.
STE. 205
WEST PALM BEACH FL 33417

Mailing Address
3951 N. HAVERHILL RD.
STE. 205
WEST PALM BEACH FL 33417

03 JUN 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1085788

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELZ, STEVEN M ESQ.
214 BRAZILIAN AVE.
STE. 210
PALM BEACH FL 33480

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, PATRICIA K	
STREET ADDRESS	113 SEVILLA AVE.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JULIAN PETERS	
STREET ADDRESS	113 SEVILLA AVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000021518500	
STREET ADDRESS	07/14/03--01081--004 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowers.

SIGNATURE:

SIGNATURE REQUIRED

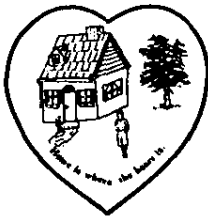
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-03

Date

Daytime Phone #

CR2E034 (10/02)



HOME IS WHERE THE HEART IS, INC.

D/B/A Home Health Care Agency

Palm Gate Plaza

3951 Haverhill Road North, Suite 205

West Palm Beach, Florida 33417

(561) 683-9922

1-800-767-2585

**FACSIMILE NUMBER
(561) 697-7786**

MAILING ADDRESS:

P.O. BOX 221154

WEST PALM BEACH, FL 33422-1154

June 13, 2003

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS**

P.O. Box 1500

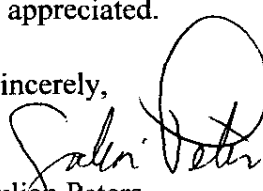
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please accept our check (#13204) in the amount of \$150.00 for our 2003 Uniform Business Report. This Report was being held by my accountant, as I became ill, could not walk and was in and out of the hospital, to find out it was Multiple Sclerosis. As you will note, by my enclosed forms, this was all during March, April and May.

Your acceptance of this form would be greatly appreciated.

Sincerely,


Julian Peters
Director

JP:ks

Enclosures