

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90217 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036434

1. Entity Name

AT HOME THERAPY, INC.

Principal Place of Business

8921 1ST ST NE

ST. PETERSBURG FL 33702

3057 Homestead Ct
Clearwater, FL 33759

Mailing Address

8921 1ST ST NE

ST. PETERSBURG FL 33702

3057 Homestead Ct
Clearwater FL 33759-1624

2. Principal Place of Business

3057 Homestead Ct

Suite, Apt. #, etc.

3. Mailing Address

3057 Homestead Ct

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

33759-1624

Country

USA

Zip

33759-1624

Country

USA

4. FSI Number

59-3748692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABANCA, KIMBERLY M

8921 1ST ST NE 3057 Homestead Ct.

ST. PETERSBURG FL 33702 Clearwater FL 33759

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.

SIGNATURE

Signature, typed or printed name of registered agent and use 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 President
NAME Kimberly LaBanca
STREET ADDRESS 3057 Homestead Ct
CITY-ST-ZIP Clearwater FL 33759

TITLE Vice President
NAME George LaBanca
STREET ADDRESS 3057 Homestead Ct
CITY-ST-ZIP Clearwater FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)