

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-29-2002 90001 013 ***150.00

DOCUMENT # P01000049887

1. Entity Name

SIMPLE LIVING HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

**3307 32ND ST WEST
 BRADENTON FL 34205**

**3307 32ND ST WEST
 BRADENTON FL 34205**

41422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1107410

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

**Spiegel + Utrera, P.A.
 343 Almeria Ave.
 Coral Gables, FL 33134**

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWN, JOHN W 3307 32ND ST WEST BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BROWN, KIMBERLY J 3307 32ND ST WEST BRADENTON FL 34205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, trustee or assignee 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

John W. Brown / 2002

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

41422

#001000049887

Simple Living Home Health Care, Inc.
3307 32nd St. W.
Bradenton, FL 34205

July 15, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Tallahassee, FL 32302-1500

RE: Simple Living Home Health Care, Inc.

Enclosed is a second notice for the above Company's 2002 Uniform Business Report. We did not receive the original report in the mail. This is a new Company, formed and incorporated in 2001. We are enclosing a check for \$150.

Please waive the late filing fee of \$400. Thank you for your assistance.

Sincerely,



John W. Brown
President