

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90349 025 ***158.75

0109999 AV

DOCUMENT # P01000072281

1. Entity Name
CARING LIFESTYLES PLUS CO.



Principal Place of Business
**4791 ASHTON RD
SARASOTA FL 34233**

Mailing Address
**4791 ASHTON RD
SARASOTA FL 34233**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1117839**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, JOSEPH D JR
2643 SUNCREST DR
SARASOTA FL 34239**

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 *Joseph D Miles Jr* *Pres* 7/2/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 type="checkbox"/> Delete
NAME	MILES, JOSEPH D JR
STREET ADDRESS	2643 SUNCREST DR
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	D <input type="checkbox"/> Delete
NAME	BERTOLETT, MARGARET J
STREET ADDRESS	4791 ASHTON RD
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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 empowered.

SIGNATURE: *Joseph D Miles Jr* **SIGNATURE REQUIRED** 941 929 1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

Caring Lifestyles Plus
Home Health Agency
HHA 299991589

4791 Ashton Road
Sarasota, FL 34233
Tel: (941) 929-1122
Fax: (941) 929-1133

9042776
#P01000072281

July 10, 2003

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

Dear Secretary of State,

Please find enclosed a check for 158.75. We had not received previous billing on this matter, please waive the fee.

Sincerely,



Joseph Miles

Administrator