

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088041

1. Entity Name

VANTAGE HOME CARE INC.

Principal Place of Business

P.O. BOX 3661  
SPRING HILL FL 34611

Mailing Address

P.O. BOX 3661  
SPRING HILL FL 34611

2. Principal Place of Business

2115 Mariner Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Country

Zip

Country

4. FEI Number

593742041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENRIQUEZ, CARLOS  
7133 LOCKWOOD STREET  
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name ENRIQUEZ, Victor

Street Address (P.O. Box Number is Not Acceptable)

2115 MARINER BLVD

City Spring Hill

FL

Zip 34609

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-14-02

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 CARLOS ENRIQUEZ  
STREET ADDRESS P.O. BOX 3661  
CITY-ST-ZIP SPRING HILL FL 34611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/02

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90178 007 \*\*\*158.75

37430



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)