

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90728 038 ***158.75

DOCUMENT #: P01000088041

1. Entity Name
VANTAGE HOME CARE INC.



Principal Place of Business
2115 MARMER BLVD
SPRINGHILL FL 34609

Mailing Address
P.O. BOX 3661
SPRING HILL FL 34611



2. Principal Place of Business

5463 Spring Hill Dr
Suite, Apt. #, etc.

3. Mailing Address

5463 Spring Hill Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Spring Hill, FL

Zip **34606** **Country** **USA**

City & State
Spring Hill, FL

Zip **34606** **Country** **USA**

4. FEI Number **59-3742041**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENRIQUEZ, VICTOR
2115 MARINER BLVD
SPRINGHILL FL 34609

7. Name and Address of New Registered Agent

Name **Enriquez, Victor**
Street Address (P.O. Box Number is Not Acceptable) **5463 Spring Hill Dr.**
City **Spring Hill** **FL** **Zip Code** **34606**

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 **VICTOR ENRIQUEZ** **4/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	ENRIQUEZ, CARLOS
STREET ADDRESS	P.O. BOX 3661
CITY-ST-ZIP	SPRINGHILL FL 34611
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUEZ, CARLOS
STREET ADDRESS	5463 SPRING HILL DR.
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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
NAME	
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 an officer like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **CARLOS ENRIQUEZ** **4/4/03** **352** **684-5022**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)