FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093757

1. Entity Name

Peg Holloway Senior Care Manageemtn, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4451 Stack Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Fl	City & State
Zip: 32901 / Country: Brevard	Zip: 32901 / Country

4. FEI Number: 59-3752556 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Peg Holloway

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

1942 Elderberry Court NE

City: Palm Bay FL Zip Code: 32905

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: Peg Holloway

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE DP NAME Peg Holloway STREET ADDRESS 1942 Elderberry Court NE CITY-ST-ZIP Palm Bay Fl.. 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP J03000285108 10/23/03--01079--001 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peg Holloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #

Senior Care Management Services, Inc.
4451 Stack Blvd.
Melbourne, Fla. 32901
Telephone: (321)728-9530; Fax :(321)728-5946
E-mail:SCMS@BREVARD.NET

October 21, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fla. 32302-1500

Enclosed is a copy of the Uniform Business Report. We had a change of address in January of 2003 and do not remember receiving the form in the mail. Our accountant was reviewing our records and realized that the fees were never paid. She verified that your office had put the corporation on inactive status. I realize the fee is late and there is a penalty of $400.00. Please abate all penalties. I have enclosed a check for $150.00. If there are any questions please contact my office. Thank you for your time and patience.

Sincerely,

Peg Holloway

Peg Holloway, RN
President