

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90168 023 ***158.75

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DOCUMENT # P01000104359

1. Entity Name
GELHOMECARE, INC.

Principal Place of Business
1008 GREEN PINE BLVD SUITE H 1
W PALM BCH FL 33409

Mailing Address
1008 GREEN PINE BLVD SUITE H 1
W PALM BCH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1008 Green Pine Blvd.
 Suite, Apt., etc.
H 1
 City & State
West Palm Beach, Florida
 Zip
33409
 Country
Palm Beach

3. Mailing Address
1008 Green Pine Blvd
 Suite, Apt., etc.
H 1
 City & State
West Palm Beach, Florida
 Zip
33409
 Country
Palm Beach

4. FEI Number
26-0010016
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SISSON, LARRY
218 SOUTHERN COUNTRY LN
QUINCY FL 32351

7. Name and Address of New Registered Agent
 Name
JEFFREY MASON
 Street Address (P.O. Box Number is Not Acceptable)
3230 N.W. 63 STREET
 City
FORT LAUDERDALE **FL** Zip Code
33309

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 **JEFFREY MASON** **03/23/02**
 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. ☐
 (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 NAME STREET ADDRESS CITY-ST-ZIP	DPST RYAN-LOUIS, GRETEL M 1008 GREEN PINE BLVD SUITE H W PALM BCH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOUIS, BLAFORD E 1008 GREEN PINE BLVD SUITE H W PALM BCH FL 33409	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RYAN-LEWIS, Gretel M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEWIS, BLAFORD E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: **GRETEL M. LEWIS** **3/23/02** **(561) 242-0064**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)