

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90130 027 ***158.75

0383182 AV

DOCUMENT # P01000104359

1. Entity Name
GELHOMECARE, INC.



Principal Place of Business
**1008 GREEN PINE BLVD SUITE H1
W PALM BCH FL 33409**

Mailing Address
**1008 GREEN PINE BLVD SUITE H1
W PALM BCH FL 33409**



2. Principal Place of Business
4831 Richmond Mews

Suite, Apt. #, etc.
Haverhill

City & State
Florida

Zip
33415

Country
USA

3. Mailing Address
P.O. Box 221316

Suite, Apt. #, etc.
West Palm Beach

City & State
Florida

Zip
33422

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0010016**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MASON, JEFFREY
3230 NW 63 STREET
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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

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
Trust Fund Contribution: ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☒ Delete
NAME **RYAN-LEWIS, GRETEL M**
STREET ADDRESS **1008 GREEN PINE BLVD SUITE H**
CITY-ST-ZIP **W PALM BCH FL 33409**

TITLE **DV** ☒ Delete
NAME **LEWIS, BALFORD E**
STREET ADDRESS **1008 GREEN PINE BLVD SUITE H**
CITY-ST-ZIP **W PALM BCH FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Gretel M. Lewis**
STREET ADDRESS **4831 Richmond Mews**
CITY-ST-ZIP **Haverhill Florida 33415**

TITLE ☒ Change ☐ Addition
NAME **Balford E. Lewis**
STREET ADDRESS **4831 Richmond Mews**
CITY-ST-ZIP **Haverhill Florida 33415**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE GRETEL M LEWIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03
Date

(561) 236-7234
Daytime Phone #

CR2E034 (10/02)