

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000119854**

**1. Entity Name**  
**BW SENIOR CARE CONSULTING, INC.**



**Principal Place of Business**  
**12561 WOODMILL DR**  
**PALM BEACH GARDENS FL 33418**

**Mailing Address**  
**12561 WOODMILL DR**  
**PALM BEACH GARDENS FL 33418**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90160 050 \*\*\*150.00



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **01-0561303**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KRAMER, SCOTT**  
**6650 W INDIANTOWN RD, SUITE 200**  
**JUPITER FL 33458**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **WINSLOW, BARBARA**  
**STREET ADDRESS** **12561 WOODMILL DR**  
**CITY-ST-ZIP** **PALM BEACH GARDENS FL 33418**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Barbara Winslow*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*6/25/03* *626-5780*  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90137801  
# P01000119854

I am so sorry - am  
a nurse with a  
one person Co. (me).  
Getting caught up with  
paper work. For some  
reason I thought June  
1st not May 1st.

Please accept my  
\$160.00

Thank You  
Paul Abraham