

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90033 014 \*\*\*150.00

**DOCUMENT # P02000081620**

1. Entity Name  
**ORECK HOME CARE CENTER OF MELBOURNE, INC.**



Principal Place of Business  
**3210 N. WICKHAM ROAD 2330 N WICKHAM ROAD**  
**5**  
**MELBOURNE FL 32935**

2. Principal Place of Business  
**2330 N. WICKHAM ROAD**

Suite, Apt. #, etc.  
**SUITE 12**

City & State  
**MELBOURNE FL**

Zip  
**32935**

Country  
**US**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SAME**

City & State  
**SAME**

Zip  
**SAME**

Country  
**SAME**

4. FEI Number  
**16-1619178**

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

6. Name and Address of Current Registered Agent  
**NICKLES, KEITH A**  
**3210 N. WICKHAM ROAD 2330 N WICKHAM ROAD**  
**5**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent  
**NICKLES, KEITH A**  
**2330 N. WICKHAM ROAD**  
**MELBOURNE**  
**FL** **32935**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 REQUIRED** **KEITH A NICKLES** **1/14/03** **321-752-8185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)