

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90114 035 ***150.00

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1. Entity Name
TARROD STAFFING & HOMEMAKER COMPANION, INC.



Principal Place of Business
6620 KIMLINDA LANE
SARASOTA FL 34243

Mailing Address
6620 KIMLINDA LANE
SARASOTA FL 34243



2. Principal Place of Business
4911 14th St.W Unit#202

3. Mailing Address
4911 14th St.W unit202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #202

Unit# 202

City & State

City & State

Bradenton, Fl 34207

Bradenton, Fl 34207

Zip
34207

Country
Manatee

Zip
34207

Country
Manatee

4. FEI Number

522376900

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

PARRISH, ELAINE S
6620 KIMLINDA LANE
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name
Elaine Parrish S
Street Address (P.O. Box Number is Not Acceptable)
4911 14th St.W Unit 202

City
Bradenton Fl, 34207 **FL** Zip Code
34207

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 *Elaine S. Parrish*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

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
D PARRISH, ELAINE S ☐ Delete
6620 KIMLINDA LANE **Change the address that's all*
SARASOTA FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Parrish Elaine S ☐ Delete
4911 14th St.W Unit#202
Bradenton, Fl 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER/DIRECTOR ☐ Change ☒ Addition
RICKY WOODIE
4911 14th St.W Unit 202
Bradenton, Fl 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICERS/DIRECTORS ☒ Change ☐ Addition
ELAINE PARRISH S
4911 14th S W. Unit#202
Bradenton, Fl 34207

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

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

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

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

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:

Elaine S. Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 755-6700

CR2E034 (10/02)