FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91439 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000113018

1. Entity Name
SEMINOLE LOVE-N-CARE, INC.

Principal Place of Business	Mailing Address
101 SPANISH BAY DR SANFORD, FL 32771	101 SPANISH BAY DR SANFORD, FL 32771

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: EIN 55-0806360 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOINS, ANGELA
101 SPANISH BAY DR
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable): N/A
City: N/A 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: Angela Goins DATE: 4/29/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: GOINS, ANGELA STREET ADDRESS: 101 SPANISH BAY DR CITY-ST-ZIP: SANFORD, FL 32771	☐ Delete	N/A ☐ Change ☐ Addition
TITLE: T NAME: KEELS, ANDREA STREET ADDRESS: 600 W AIRPORT BLVD CITY-ST-ZIP: SANFORD, FL 32771	☐ Delete	N/A ☐ Change ☐ Addition
N/A	☐ Delete	N/A ☐ Change ☐ Addition
N/A	☐ Delete	N/A ☐ Change ☐ Addition
N/A	☐ Delete	N/A ☐ Change ☐ Addition
N/A	☐ Delete	N/A ☐ 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: Angela Goins 4/29/03 407-328-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)