

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010651

1. Entity Name
TOTAL LEGAL CARE, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90059 050 ***150.00

Principal Place of Business

2400 SE MIDPOST RD
SUITE 120
PORT ST LUCIE FL 34952
US

Mailing Address

2400 SE MIDPOST RD
SUITE 120
PORT ST LUCIE FL 34952
US

2. Principal Place of Business

1109 Delaware Ave.

Suite, Apt. #, etc.

3. Mailing Address

1109 Delaware Ave

Suite, Apt. #, etc.

City & State

Ft Pierce, FL

City & State

Ft Pierce, FL

Zip

34950

Country

U.S.A

Zip

34950

Country

U.S.A

4. FEI Number

65-0383500

Applied For

Not Applicable

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

MOORE, ALBERT B
2384 SW FERN CIR
PORT ST LUCIE FL 34953

Name

Albert B. Moore

Street Address (P.O. Box Number is Not Acceptable)

1109 Delaware Ave

City

Ft Pierce, FL

FL

Zip Code

34950

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOORE, ALBERT | |
| STREET ADDRESS | 302 S 2ND ST | |
| CITY-ST-ZIP | FT. PIERCE FL 34950 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRUHN, JOHN | |
| STREET ADDRESS | 302 S 2ND ST | |
| CITY-ST-ZIP | FT. PIERCE FL 34950 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Albert Moore | |
| STREET ADDRESS | 1109 Delaware Ave. | |
| CITY-ST-ZIP | Ft Pierce, FL 34950 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Albert Moore | |
| STREET ADDRESS | 1109 Delaware Ave | |
| CITY-ST-ZIP | Ft Pierce, FL 34950 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 561-595-1044

CR2E034 (10/00)