

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018723

1. Entity Name

TRANS-CARE SERVICES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90030 009 ***150.00

Principal Place of Business

941 N OHIO AVE
 LIVE OAK FL 32060
 US

Mailing Address

P O BOX 1103
 LIVE OAK FL 32060
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

SAME

32064

SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3189038

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

WILSON, PAMELA H
 941 N. OHIO AVE
 LIVE OAK FL 32060

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.

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
 NAME HARTSFIELD, BRADLY
 STREET ADDRESS RT 7 BOX 292
 CITY-ST-ZIP LIVE OAK FL 32060 ☐ Delete

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

TITLE VPS
 NAME WILSON, PAM
 STREET ADDRESS RT 17 BOX 425
 CITY-ST-ZIP LAKE CITY FL ☐ Delete

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

TITLE S
 NAME HARTSFIELD, MARGIE H
 STREET ADDRESS RT. 7, BOX 292
 CITY-ST-ZIP LIVE OAK FL 32060 ☐ Delete

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Pamela H. Wilson Pamela H. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

904-364-4474

Daytime Phone #

CR2E034 (10/00)