

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90541 002 \*\*\*150.00

0376374 AV

**DOCUMENT # P93000045050**

1. Entity Name

**ST. ANTHONY'S COUNTRY CARE, INC.**



Principal Place of Business

**1104 E RD  
LOXAHATCHEE FL 33470  
US**

Mailing Address

**PO BOX 646  
WEST PALM BEACH FL 33402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0420981**

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

7. Name and Address of New Registered Agent

**SOLTAU, JOANN K  
1401 S OLIVE AVE  
SUITE 204  
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P <input type="checkbox"/> Delete	<b>NELSEN, TERESA K</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1401 S OLIVE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	CITY-ST-ZIP	
VP <input type="checkbox"/> Delete	<b>NELSEN, TERESA K</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>1401 S OLIVE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	CITY-ST-ZIP	
S <input type="checkbox"/> Delete	<b>SOLTAU, JOANN K</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>206 PALM BEACH LAKES BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	CITY-ST-ZIP	
T <input type="checkbox"/> Delete	<b>SOLTAU, JOANN K</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>206 PALM BEACH LAKES BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*TERESA ROJAR NELSEN* (Pres lower) 4/25/03 (561) 832-0668

CR2E034 (10/02)