

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047217

1. Entity Name

NATIONAL HOME CARE SERVICES, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90065 038 \*\*\*150.00

Principal Place of Business

Mailing Address

4506 LB MCLEOD RD  
SUITE F  
ORLANDO FL 32811  
US

P.O. BOX 536576  
ORLANDO FL 32353-6576  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3187695**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32801

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	GRIGGS, STEPHEN P	4506 L.B. MCCLOED RD., STE. F	ORLANDO FL 32811	<input type="checkbox"/>
VP	ZIOMEK, JANET L	4506 L.B. MCLEOD RD., SUITE F	ORLANDO FL 32811	<input type="checkbox"/>
D	LEVIN, MARC	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input type="checkbox"/>
S	NOVELL, N. SCOTT	4506 L.B. MCLEOD RD., SUITE F	ORLANDO FL 32811	<input type="checkbox"/>
D	ELKINS, MARSHALL	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
		910 Ridgebrook Road	Sparks, MD 21152	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
		910 Ridgebrook Road	Sparks, MD 21152	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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

N. Scott Novell 2/14/00 407-841-2115

Date

Daytime Phone #