## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P93000087316 **DOCUMENT #**

1. Entity Name

HOME CARE RESEARCH INCORPORATED



**FILED** Mar 20, 2003 8:00 am & Secretary of State

03-20-2003 90135 020 \*\*\*150.00

						GOO WE IM									
Principal Pla 219 S. JACK BEVERLY HIL		ss	Mailing Address 219 S. JACKSON STREET BEVERLY HILLS FL 34465										<b>fill</b> (111 <b>6</b> )		
2. Principal	Place of Busin	ness	3. Mailing Address												
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				$\dashv$	Г	7 снес	CK HERF	F IF MA	KING CH	IANGES	i	
City & State			City & State				4. F	El Number		297872				pplied For	
Zip Country			Zip Cour				5. Certificate of Status Desired					. <b>75</b> Ad	ot Applicabl ditional	е	
	G Norma	and Address of Occurred			L								Require	ed	╝
	o. Name	and Address of Current	Registered A	Agent			––- <u>-</u> ,:7,-,Ni	ame and A	ddress	of New.	Registe	red Ager	nt		
MODDIO	TED D					Name									ı
	WALTER D					Street Address (P.O. Box Number is Not Acceptable)								$\dashv$	
219 S JA	CKSON ST	•				Silicet Address	s (F.O. BO	x raumber	IS NOT A	cepiab	ie)				-
BEVERLY	HILLS FL 3	4465													1
<del></del>			,			City							Zip Coc		1
8. The above the obliga	e named entity tions of regist	y submits this statement for ered agent.	or the purpose	of changing its	registered	office or registe	tered ager	nt, or both,	in the S	tate of F	lorida. I	am famil	iar with,	and accept	
SIGNATURE		or printed name of registered agent	and title if applicab	le (NOTE	Registered A	gent signature require	rad whon rain	netation\			-	NTE.			
					riogiotaroa ri	gon signature require	TEG WITETITERS	······································				AIE .			╛
Afte	r May 1, 200	I FEE IS \$150.00 03 Fee will be \$550.00 Florida Department o	f State					9. Elect Trust		paign Fi ontribution			<b>\$5.0</b> Added	<b>0</b> May Be to Fees	
10.		OFFICERS AND	DIRECTORS		11.		ADD	DITIONS/CI	HANGES	TO OF	FICERS	AND DIB	FCTOR	S (N. 11	$\dashv$
TITLE	D Morris, Walter D		-17	Delete		T.							Change	☐ Addition	1
NAME					NAME								onango	Addition	
STREET ADDRESS 219 S JACKSON ST CITY-ST-ZIP BEVERLY HILLS FL 34465					STREET A	ADDRESS									
					CITY-ST	CITY-ST-ZIP									1.
TITLE	D	**		Delete	TITLE			<del></del> .					Ot		- [ ]
NAME	MORRIS, N	IONA R		L'1 Delete	NAME	İ						Ш	Change	☐ Addition	18
STREET ADDRESS	219 S JAC	KSON ST			STREET A	NUUDEGG									1
CITY-ST-ZIP BEVERLY HILLS FL 34465				CITY-ST-ZIP		2									
TITLE	DEVENT.	ILLO I E OTTOO			<del></del>	- 211									
TITLE		The same of the sa	<del></del>	Delete	TITLE			-					Change	Addition	İ
NAME STREET ADDRESS					NAME							-	-		1
CITY-ST-ZIP					STREET A	1									
				· ·	CITY-ST	-ZIP									
TITLE				☐ Delete	TITLE	ļ							Change	Addition	
NAME					NAME										
STREET ADDRESS					STREET A										
CITY-ST-ZIP					CITY-ST-	ZIP									1
TITLE				☐ Delete	TITLE		17-20		-				Change	☐ Addition	1
NAME					NAME									Aug . NOTED !!	
STREET ADDRESS					STREET A	DDRESS									1
CITY-ST-ZIP					CITY-ST-	ZIP									1
TITLE				☐ Delete	TITLE	<del></del>		· · ·					hacar	□ Additio	1
NAME				- Doioto	NAME	1							Change	Addition	1
STREET ADDRESS	-	-			STREET A	DDRESS									
CITY-ST-ZIP					CITY-ST-										

12. Thereby 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:**