

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90249 030 \*\*\*150.00

0310259 AV

**DOCUMENT # P94000002699**

1. Entity Name  
**ELDACARE, INC.**

Principal Place of Business Mailing Address  
**2929 E. COMMERCIAL BLVD., #306** **2929 E. COMMERCIAL BLVD., #306**  
**FT. LAUDERDALE FL 33308** **FT. LAUDERDALE FL 33308**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. P. O. Box 5208  
 City & State Suite, Apt. #, etc.  
**Ft. Lauderdale, Florida**  
 Zip Country Zip Country  
**33310 Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0522869** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAMUELS, LEONARD K**  
**100 N.E. 3RD AVENUE, #400**  
**FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**350 East Las Olas Blvd.**  
**Suite 1000**  
 City **Ft. Lauderdale** FL Zip Code **33301**

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]* DATE **4/16/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2002 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	<b>DVST</b>	<input type="checkbox"/> Delete	TITLE	<b>DPVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTHRIE, WILLIAM</b>		NAME	<b>WILLIAM GUTHRIE</b>	
STREET ADDRESS	<b>2929 E. COMMERCIAL BLVD., #306</b>		STREET ADDRESS	<b>2929 E Commercial Blvd., #507</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED** **4-19-02** **(954) 938-2770**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)