

5/13

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90075 044 ***150.00

DOCUMENT # P94000010570

1. Entity Name

QUALITY OF LIFE HOME HEALTH SERVICES, INC. ✓

Principal Place of Business

750 STARKEY ROAD
LARGO FL 33771
US

Mailing Address

750 STARKEY ROAD
LARGO FL 34641
US

2. Principal Place of Business

1235 Bryan Dairy
Suite, Apt. #, etc.

3. Mailing Address

1235 Bryan Dairy Rd.
Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

USA

Zip

33771

Country

USA

4. FEI Number

59-3223602

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSES, MICHAEL
750 STARKEY ROAD
LARGO FL 33771

7. Name and Address of New Registered Agent

Name: James E. Heenan
 Street Address (P.O. Box Number is Not Acceptable): 1235 Bryan Dairy Road
 City: Largo FL Zip Code: 33771

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, 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MOSES, MICHAEL J., II	
STREET ADDRESS	750 STARKEY ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAGGEOT, REX	
STREET ADDRESS	750 STARKEY RD	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1235 Bryan Dairy Road	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Heenan	
STREET ADDRESS	1235 Bryan Dairy Road	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Bosworth	
STREET ADDRESS	1235 Bryan Dairy Road	
CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

CR2E034 (9/01)