

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038130

1. Entity Name

ULTIMATE CARE OF FLAGLER COUNTY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90061 013 ***150.00

Principal Place of Business

53 WEYMOUTH LANE
PALM COAST FL 32137

Mailing Address

53 WEYMOUTH LANE
PALM COAST FL 32137

2. Principal Place of Business

5 Faith Ln.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 35432

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-3288035

Applied For

Not Applicable

Zip

32137

Country

Flagler

Zip

32135-2432

Country

Flagler

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, PATRICIA A
53 WEYMOUTH LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5 Faith Lane

City

Palm Coast

FL

Zip Code

32137

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

Patricia A. Larsen

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2001

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	LARSEN, PATRICIA A.	
STREET ADDRESS	53 WEYMOUTH LANE	
CITY-ST-ZIP	PALM COAST FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larsen, Patricia A.	
STREET ADDRESS	5 Faith Ln.	
CITY-ST-ZIP	Palm Coast, FL 32137	
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		
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)(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 files empowered.

SIGNATURE

Patricia A. Larsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

4-24-2001

CR2E034 (10/00)