

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90978 046 ***150.00

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DOCUMENT # P94000067803

1. Entity Name

UNI/CARE SYSTEMS, INC.



Principal Place of Business

540 N TAMiami TR

SARASOTA FL 34236

US

Mailing Address

540 N TAMiami TR

SARASOTA FL 34236

US

2. Principal Place of Business

3. Mailing Address

P.O. Box 3618

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

4. FEI Number

38-2348483

Applied For

Not Applicable

Zip

Country

Zip

34230-3618

Country

US

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

AHDAB, MAY

540 N TAMiami TR

SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAY AHDAB**
STREET ADDRESS **540 N TAMiami TR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAY AHDAB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 (941)954-3403

CP2E034 (10/02)