

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90062 031 ***150.00

DOCUMENT # P94000078765

1. Entity Name
SUNCARE SERVICES, INC.

Principal Place of Business

**1091 E COMMERCIAL BLVD
UNIT 2
FT LAUDERDALE FL 33334
US**

Mailing Address

**P.O. BOX 84
FT LAUDERDALE FL 33302
US**

2. Principal Place of Business

4074 W Broward Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Zip

33317

Country

Broward

Country

4. FEI Number

65-0533303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TERRIS, MICHELLE
10630 NW 1ST ST.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Bruce Cochran

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

4811 SW 11th Street

City

Plantation

FL

Zip Code

33317

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

1-29-01

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	DPS	<input checked="" type="checkbox"/> Delete
NAME	TERRIS, MICHELLE	
STREET ADDRESS	P.O. BOX 84	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COCHRAN, BRUCE	
STREET ADDRESS	P.O. BOX 84	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	
TITLE		<input checked="" 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Cochran	
STREET ADDRESS	4811 SW 11th Street	
CITY-ST-ZIP	Plantation, FL 33317	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Cochran

Date

1-29-01

Daytime Phone #

CR2E034 (10/00)