

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91195 042 ***150.00

DOCUMENT # P94000078765

1. Entity Name
SUNCARE SERVICES, INC.



Principal Place of Business
4074 W BROWARD BLVD
FORT LAUDERDALE FL 33317
US

Mailing Address
P.O. BOX 84
FT LAUDERDALE FL 33302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0533303**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COCHRAN, BRUCE
4811 SW 11TH STREET
PLANTATION FL 33317

Name **Cochran, Bruce**
Street Address (P.O. Box Number is Not Acceptable) **4074 West Broward Blvd**
City **Font LAUDERDALE** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **4-17-03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS COCHRAN, BRUCE 4811 SW 11TH STREET PLANTATION FL 33317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT COCHRAN, BRUCE P.O. BOX 84 FT. LAUDERDALE FL 33302 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVITA SHROVE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4074 BROWARD BLVD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVITA SHROVE V.P. 4074 BROWARD BLVD Font LAUDERDALE, FL 33317 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 954-797-6717
Date Daytime Phone #

CR2E034 (10/02)