

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 032 ***150.00

DOCUMENT # P94000081269

1. Entity Name

ITM Tropicare of Orlando, Inc.

DO NOT WRITE IN THIS SPACE

644068

2. Principal Place of Business

6947 Narcoossee Rd

Suite, Apt. #, etc.

3. Mailing Address

6947 Narcoossee Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3278027

Applied For

☐ **Not Applicable**

Zip

32822

Country

U.S.A.

Zip

32822

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

George N. Klimis

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

23 E. Tarpon Ave

City

Tarpon Springs

FL

Zip Code

34689.

**DO NOT WRITE
IN THIS SPACE**

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Jon Hughes
STREET ADDRESS 2702 Buss Lake Blvd
CITY - ST - ZIP Orlando, FL 32806

TITLE Vice-President
NAME Timothy Hughes
STREET ADDRESS 3197 Sanibel Dr
CITY - ST - ZIP Spring Hill, FL 34607

TITLE Secretary
NAME Jon Hughes
STREET ADDRESS 2702 Buss Lake Blvd
CITY - ST - ZIP Orlando FL 32806

TITLE Treasurer
NAME Judy Hughes
STREET ADDRESS 3197 Sanibel Dr
CITY - ST - ZIP Spring Hill, FL 34607

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)