

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91110 017 ***150.00

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

DOCUMENT # P94000083414			
1. Entity Name HEALTHCO UNITED, INC.			
Principal Place of Business 114 NORTHEAST FIRST STREET TRENTON, FL 32693		Mailing Address POST OFFICE BOX 308 TRENTON, FL 32693	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3321007		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON, FL 32693		7. Name and Address of New Registered Agent 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 date if applicable. (NOTE: Registered Agent signature required when dissolving) DATE _____			
FILE NOW! FEE IS \$150.00 EARLY MAY 1, 2003 FEE WILL BE \$250.00 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SANDERS, TAMMY 1113 NE 23RD CHIEFLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT REXROAT, GARY 10430 S US HWY 129 TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 804, 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. Tammy Sanders			
SIGNATURE: _____ SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/17/03 Daytime Phone # 352-493-9500	

00000016



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

Attachment #

80059016

094000083414

BURT & FEATHER

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Mark J. Feather
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March 17, 2003

Division of Corporations
Uniform Business Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Healthco United, Inc.
FEI # 59-3321007

Gentlemen:

Enclosed please find the 2003 Uniform Business Report regarding the referenced corporation, together with a check in the amount of \$150.00 to cover the filing fee.

Yours truly,

Susan Thorsen

Susan Thorsen
Legal Assistant

/st

Enclosures: Report
 Check

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