

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 023 ***150.00

DOCUMENT # P95000042202

1. Entity Name

FLORIDA SHORES ELDERLY CARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1229 MANGO TREE DR.

Suite, Apt. #, etc.

3. Mailing Address

1229 MANGO TREE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EDGEWATER, FL

City & State

EDGEWATER, FL

4. FEI Number

59-3330120

Applied For

Not Applicable

Zip

32132

Country

VOLUSIA

Zip

32132

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WHEELER, JESUSA H.

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

1229 MANGO TREE DR.

City

EDGEWATER

FL

Zip Code

32132

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

Jesusa H. Wheeler

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

NAME

STREET ADDRESS

CITY - ST - ZIP

D/P/A/S
WHEELER, JESUSA H.
1229 MANGOTREE DR.
EDGEWATER, FL 32132

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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:

Jesusa H. Wheeler

JESUSA H. WHEELER

386-428-5370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)