2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90103 011 ***150.00

DOCUMENT # P95000048969

1. Entity Name
SECURE CARE OF AMERICA, INC.

Principal Place of Business	Mailing Address
2150 SOUTH ROUTE 45-52 SUITE C KANKAKEE IL 60901	2150 SOUTH ROUTE 45-52 SUITE C KANKAKEE IL 60901

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
698 Armour Road	698 Armour Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bourbonnais, IL	City & State: Bourbonnais, IL
Zip: 60914 Country: Kankakee	Zip: 60914 Country: Kankakee

4. FEI Number 65-0596038 ☐ Applied For ☐ Not Applicable

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
LOPEZ, AL R JR. 4600 W. CYPRESS STREET SUITE 500 TAMPA FL 33607	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 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 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	PD ASHLINE, CONNIE A. 2150 SOUTH ROUTE 45-52, SUITE C KANKAKEE IL 60901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ASHLINE, CONNIE A. 698 ARMOUR RD. BOURBONNAIS, IL 60914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD UPHOFF, PAULA 2150 SOUTH ROUTE 45-52, SUITE C KANKAKEE IL 60901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD UPHOFF, PAULA 698 ARMOUR RD. BOURBONNAIS, IL 60914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ASHLINE, CASEY 2150 SOUTH ROUTE 45-52, SUITE C KANKAKEE IL 60901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ASHLINE, CASEY 698 ARMOUR RD. BOURBONNAIS, IL 60914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STAWICK, KATHY 2150 SOUTH ROUTE 45-52, SUITE C KANKAKEE IL 60901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STAWICK, KATHY 698 ARMOUR RD. BOURBONNAIS, IL 60914	☒ 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

CR2E034 (10/02)

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 an address, with all other like empowered.

SIGNATURE: Kathleen Stawick SIGNATURE REQUIRED Vice President 3-4-2003 815-935-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen Stawick