

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90028 026 \*\*\*150.00

0403669 AV

**DOCUMENT # P95000054261**

1. Entity Name  
**HERITAGE HOME HEALTH, INC.**

Principal Place of Business  
**5180 W. ATLANTIC AVE.**  
**A-105**  
**DELRAY BEACH FL 33484**

Mailing Address  
**5180 W. ATLANTIC AVE.**  
**A-105**  
**DELRAY BEACH FL 33484**



2. Principal Place of Business  
**4733 West Atlantic Ave.**

3. Mailing Address  
**4733 West Atlantic Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C20**

**C20**

City & State  
**Delray Beach, Florida**

City & State  
**Delray Beach, Florida 33445**

Zip  
**33445**

Country  
**USA**

Zip  
**33445**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0598330**

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

**SCHEMEL, ROBERT G**  
**5858 HERITAGE PARK WAY**  
**DELRAY BEACH FL 33484**

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.

SIGNATURE \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SCHEMEL, ROBERT G 5858 HERITAGE PARK WAY DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIG**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-2-02 561 496-4440**

CR2E034 (9/01)