

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064304

1. Entity Name

CAP CARE OF FLORIDA, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90235 041 ***150.00

Principal Place of Business 8700 OAK SPRINGLANE COLFAX NC 27235 US	Mailing Address P O BOX 5967 HIGH POINT NC 27262 US
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DO NOT WRITE IN THIS SPACE

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	65-0609196	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOARDMAN, THOMAS K 1400 15TH ST N, SUITE 201 IMMOKALEE FL 33934
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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.

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, 2001 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	
TITLE	SD PARKER, CLYDE A JR 8700 OAK SPRING LANE COLFAX NC 27235 <input checked="" type="checkbox"/> Delete
TITLE	D PARKER, RONNEL S JR 8700 OAK SPRING LANE COLFAX NC 27235 <input type="checkbox"/> Delete
TITLE	D PHILLIS P. WEBB 8700 OAK SPRING LANE COLFAX NC 27235 <input type="checkbox"/> Delete
TITLE	D CLYDE A. PARKER, JR. 8700 OAK SPRING LANE COLFAX NC 27235 <input type="checkbox"/> Delete
TITLE	D DAPIN, TAMMY P 8700 OAKSPRING LANE COLFAX NC 27235 <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD Ronnel S. Parker, Sr. 8700 Oak Spring Lane Colfax NC 27235 <input type="checkbox"/> Change <input checked="" 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 lines empowered.

SIGNATURE: Clyde Parker 1-19-01 336-668-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)