

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90100 042 ***150.00

DOCUMENT # P95000064304

1. Entity Name

CAP CARE OF FLORIDA, INC.



Principal Place of Business

8700 OAK SPRINGLANE

COLFAX NC 27235

US

Mailing Address

P O BOX 5967

HIGH POINT NC 27262

US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

65-0609196

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

BOARDMAN, THOMAS K

1400 15TH ST N, SUITE 201

IMMOKALEE FL 33934

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 D ☐ Delete
NAME PARKER, RONNEL S JR
STREET ADDRESS 8700 OAK SPRING LANE
CITY-ST-ZIP COLFAX NC 27235

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PHILLIS P. WEBB
STREET ADDRESS 8700 OAK SPRING LANE
CITY-ST-ZIP COLFAX NC 27235

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLYDE A. PARKER, JR.
STREET ADDRESS 8700 OAK SPRING LANE
CITY-ST-ZIP COLFAX NC 27235

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DAPIN, TAMMY P
STREET ADDRESS 8700 OAKSPRING LANE
CITY-ST-ZIP COLFAX NC 27235

TITLE D ☒ Change ☐ Addition
NAME Dupin, Tammy P.
STREET ADDRESS 8700 Oak Spring Lane
CITY-ST-ZIP Colfax NC 27235

TITLE SD ☒ Delete
NAME PARKER, ROMEL S SR
STREET ADDRESS 8700 OAK SPRING LANE
CITY-ST-ZIP COLFAX NC 27235

TITLE P/D/C ☒ Change ☐ Addition
NAME Parker, Ronnel S. Parker
STREET ADDRESS 8700 Oak Spring Lane
CITY-ST-ZIP Colfax, NC 27235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03

Date

336-668-1119

Daytime Phone #

CR2E034 (10/02)