

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091364

1. Entity Name

PREMIER HOME CARE, INC.

Principal Place of Business

Mailing Address

16120 US 19 N
STE 135
CLEARWATER FL 33764
US

430 PARK PLACE BLVD
STE 600
CLEARWATER FL 33759-3926
US

2. Principal Place of Business

3. Mailing Address

311 Park Place Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 225

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33759

USA

4. FEI Number

59-3346878

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

PIAZZA, JOHN J JR
430 PK PLACE BLVD
STE 600
CLEARWATER FL 33759

Name

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

311 Park Place Blvd., Suite 225

Suite 225, FL 33759

City

Clearwater,

FL

Zip Code

33759

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PIAZZA, JOHN J SR
430 PK PLACE BLVD-#600
CLEARWATER FL 33759

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
311 Park Place Blvd., Suite 225
Clearwater, FL 33759

TITLE S ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
LOMBARDI, RITA A
430 PK PLACE BLVD-#600
CLEARWATER FL 33759

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
311 Park Place Blvd., Suite 225
Clearwater, FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Rita A. Lombardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporate Secretary

(727) 726-331

Daytime Phone #

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90060 048 ***150.00

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DO NOT WRITE IN THIS SPACE