

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000091659**1. Entity Name
BEST-J-CARE, INC.

Principal Place of Business

1650 W AIRPORT BLVD

SANFORD

32773

FL

US

Mailing Address

147 EDGEWATER CIRCLE

SANFORD

32773

FL

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

59-3347685

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURKE WILLIAM P. III
147 EDGEWATER CIR

SANFORD

32773

US

FL

7. Name and Address of New Registered Agent

Name

BURKE WILLIAM P. III

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

147 EDGEWATER CIR

City

SANFORD

FL

Zip Code
32773

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)

02/18/2001

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	T	<input type="checkbox"/> Delete
NAME	BURKE WILLIAM P III	
STREET ADDRESS	147 EDGEWATER CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURKE WILLIAM P	
STREET ADDRESS	147 EDGEWATER CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEDEIROS SHEILA M	
STREET ADDRESS	147 EDGEWATER CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURKE CONSUELO M	
STREET ADDRESS	147 EDGEWATER CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE WILLIAM P	
STREET ADDRESS	6320 92ND PLACE NORTH, # 2606	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDEIROS SHEILA M	
STREET ADDRESS	299 MARJORIE BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William P. Burke III

T

02/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)