

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90084 002 ***150.00

DOCUMENT # P95000092794

1. Entity Name
SENIOR "CARE" SERVICES, INC. OF FLORIDA'S WEST C

Principal Place of Business

116 75 STREET, WEST
 BRADENTON FL 34209
 US

Mailing Address

116 75 STREET WEST
 BRADENTON FL 34209
 US

2. Principal Place of Business

4911 14th Street West
 Suite, Apt. #, etc.
 202

3. Mailing Address

4911 14th Street West
 Suite, Apt. #, etc.
 202

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34207

Country

USA

Zip

34207

Country

USA

4. FEI Number

65-0643007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TALBOT, KRISTEN
 116 75 STREET WEST
 BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name **LORI ANNE WEBB**
 Street Address (P.O. Box Number is Not Acceptable)
 933 BYRON COURT
 City **SARASOTA** FL Zip Code **34243**

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

Lori Anne Webb

2/2/01

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, 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 **D** ☒ Delete
 NAME **TALBOT, KRISTEN**
 STREET ADDRESS **2700 S TAMiami TR STE 9**
 CITY-ST-ZIP **SARASOTA FL 34230**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **LORI ANNE WEBB** ☒ Change ☐ Addition
 NAME **President Director**
 STREET ADDRESS **4911 14th Street West #202**
 CITY-ST-ZIP **Bradenton, FL 34207**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Lori Anne Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/01 947-20194

CR2E034 (10/00)