

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-22-2001 90633 009 ***150.00

DOCUMENT # P96000004392

1. Entity Name

BASIC HOMECARE MEDICAL SUPPLY & EQUIPMENT INC.

Principal Place of Business

Mailing Address

3456 N. UNIVERSITY DR.
SUNRISE, FLORIDA
33351

3456 N. UNIVERSITY DR.
SUNRISE, FLORIDA
33351

2. Principal Place of Business

3. Mailing Address

3456 N. UNIVERSITY DR.
 Suite, Apt. #, etc. **N/A**

3456 N. UNIVERSITY DR.
 Suite, Apt. #, etc. **N/A**

City & State

City & State

SUNRISE, FLORIDA**SUNRISE, FLORIDA**Zip **33351**Country **USA**Zip **33351**Country **USA**

4. FEI Number

65-0853950

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75-Additional Fee Required**

8. Name and Address of Current Registered Agent

ALTHEA RICHARDS
9370 N.W. 37th COURT
SUNRISE, FLORIDA
33351

7. Name and Address of New Registered Agent

Name **DWIGHT RICHARDS**

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

3456 N. UNIVERSITY DRIVECity **SUNRISE**

FL

Zip Code

33351

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

6-29-01

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

PRESIDENT ☒ Delete
ALTHEA RICHARDS
3456 N. UNIVERSITY DRIVE
SUNRISE, FL. 33351

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT ☒ Change ☐ Addition
DWIGHT RICHARDS
3456 N. UNIVERSITY DRIVE
SUNRISE, FL. 33351

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

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

☐ Change ☐ Addition
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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:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

5/15/01

Date

954 748-3335

Daytime Phone #

CR2E034 (11/00)

Attachment
D# P96000004392
76325



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 5, 2001

BASIC HOME CARE MEDICAL SUPPLIES & EQUIPMENT, INC.
3456 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33351 US

Subject: **BASIC HOME CARE MEDICAL SUPPLIES & EQUIPMENT, INC.**

Reference: **P96000004392**
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/FM
ANNUAL REPORTS SECTION