

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041802

1. Entity Name

HOME HEALTH DEPOT, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90095 016 ***150.00

Principal Place of Business

2100 45TH STREET
UNIT #B-27
WEST PALM BEACH FL 33407
US

Mailing Address

2100 45TH STREET
UNIT #B-27
WEST PALM BEACH FL 33407
US

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

65-0668228

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

SCOTT, GREGORY L
1645 PALM BEACH LAKES BLVD. STE 1200
WEST PALM BEACH FL 33401

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
DERER, A.S
9020 GARDNENS GLEN CIRCLE
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DERER, BRIAN E
1755 VILLAGE BLVD, #201
WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00 561-842-3708
Date Daytime Phone #

CR2E034 (5/00)

Attachment
A0071905 # P96000041802

**HOME HEALTH
DEPOT**

Memo

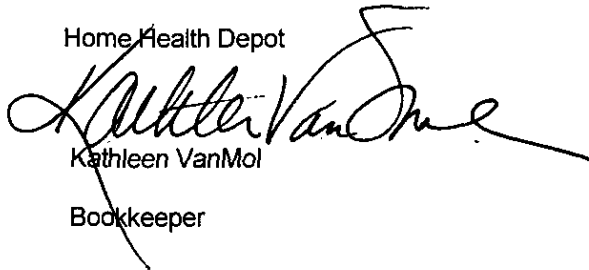
To: Whom It May Concern
From: Kathleen VanMol
CC:
Date: 07/19/00
Re: Uniform Business Report

To Whom It May Concern:

Enclosed please find our Uniform Business Report for the year 2000. I had originally filed this report in February. So, I am now sending this along with a check for the filing fee of the original amount of \$ 150.00. As per my conversation with a Division of Corporations Representative the \$ 400.00 penalty will be waived, since I had filed the report timely. It must be lost in the mail.

Very truly yours,

Home Health Depot



Kathleen VanMol

Bookkeeper