

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90131 049 \*\*\*150.00

**DOCUMENT # P96000043132**

1. Entity Name  
**SENIOR CARE & HOME MANAGEMENT, INC.**



Principal Place of Business  
**1644 COBBLE CT  
PALM HARBOR FL 34683**

Mailing Address  
**1644 COBBLE CT  
PALM HARBOR FL 34683  
US**

2. Principal Place of Business  
**7534 14th LANE**

3. Mailing Address  
**7534 14th LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**VERO BEACH FL**

City & State  
**VERO BEACH FL**

Zip  
**32966**

Country

Zip  
**32966**

Country

**USA**

4. FEI Number **59-3379615**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S  
1245 COURT ST, SUITE 102  
CLEARWATER FL**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SULLENS, JUDY**  
STREET ADDRESS **1644 COBBLE CT**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **THOMAS, JUDITH**  
STREET ADDRESS **7534 14th LANE**  
CITY-ST-ZIP **VERO BEACH, FL 32966**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Judith Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #  
Department of Health - Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
TYPE IN UPPER CASE  
USE BLACK INK  
This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

40030460

P9600004332

1001613

06/16/1999 BK 294 PG 406  
KARLEEN F. DE BLAKER, CLERK

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) MARK EDWARD THOMAS			2. DATE OF BIRTH (Month, Day, Year) 02/21/1958	
3a. RESIDENCE - CITY, TOWN, OR LOCATION PALM HARBOR	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	
5a. BRIDE'S NAME (First, Middle, Last) JUDITH JOAN SULLENS			5b. MAIDEN SURNAME (If different) HENDERSON	
6a. RESIDENCE - CITY, TOWN, OR LOCATION PALM HARBOR			6b. COUNTY PINELLAS	
7a. COUNTY PINELLAS			7b. STATE FL	
8. DATE OF BIRTH (Month, Day, Year) 06/06/1951			9. BIRTHPLACE (State or Foreign Country) INDIANA	

SEAL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)  
03/24/1999

11. TITLE OF OFFICIAL  
DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Use black ink)

13. SIGNATURE OF BRIDE (Sign full name using black ink)

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)  
03/24/1999

15. TITLE OF OFFICIAL  
DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Use black ink)

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

SEAL

17. COUNTY ISSUING LICENSE  
PINELLAS

18. DATE LICENSE ISSUED  
03/24/1999

18a. DATE LICENSE EFFECTIVE  
03/27/1999

19. EXPIRATION DATE  
05/26/1999

20a. SIGNATURE OF COURT CLERK OR JUDGE

20b. TITLE  
CLERK OF CIRCUIT COURT

20c. BY D.C.  
dcl

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

SEAL

21. DATE OF MARRIAGE (Month, Day, Year)  
April 24, 1999

22. CITY, TOWN, OR LOCATION OF MARRIAGE  
CLEARWATER, FLA.

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

23c. ADDRESS (Of person performing ceremony)  
112 Kathleen Ct Tarpon Springs FL

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY  
(Or notary stamp)

ERIC WINCHESTER  
MY COMMISSION # CC 825849  
EXPIRES: 04/12/2003  
1-800-3-NOTARY Fla. Notary Service & Bonding Co.

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

**INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED**

GROOM	26. SOCIAL SECURITY NUMBER 195-52-2218	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	28a. NO. OF THIS MARRIAGE 1	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
	30. SOCIAL SECURITY NUMBER 266-02-7259	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	32a. NO. OF THIS MARRIAGE 2	32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	32c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 05/06/1993

4-1 Form 743-B April 98 (Replaces Feb. 91 edition)



STATE OF FLORIDA - PINELLAS COUNTY  
I hereby certify that the foregoing is  
a true copy as the same appears among  
the records of this court.  
This 17th day of June, 1999  
KARLEEN F. DE BLAKER  
Clerk of Circuit Court

By

Jean Brown