

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90095 037 ***150.00

DOCUMENT # P96000055792

1. Entity Name
WE ELDERLY CARE, INC.



Principal Place of Business
842-B N JOHN YOUNG PARKWAY
KISSIMEE FL 34741
US

Mailing Address
214 EAST STUART AVE
LAKE WALES FL 33853
US

2. Principal Place of Business
214 EAST STUART AV

3. Mailing Address

Suite, Apt. #, etc.

City & State
LAKE WALES, FL

City & State

4. FEI Number **59-3388182**

Applied For
Not Applicable

Zip **33853** **Country** **USA**

Zip **Country**

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

KINGSLEY, WILLIAM J
495 COLEMAN ROAD
BABSON PARK FL 33827

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☐ **Delete**
NAME **KINGLSEY, LAURA**
STREET ADDRESS **495 COLEMAN RD**
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **RA** ☐ **Delete**
NAME **KINGSLEY, WILLIAM J**
STREET ADDRESS **495 COLEMAN ROAD**
CITY-ST-ZIP **BABSON PARK FL 33827**

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

TITLE **STD** ☐ **Delete**
NAME **ARMSTRONG, JAMES C**
STREET ADDRESS **925 CAMPBELL AVE**
CITY-ST-ZIP **LAKE WALES FL 33853**

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

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

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

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NAME
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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

James C. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03

(863) 676-1120

CR2E034 (10/02)