

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061074

1. Entity Name

QUALITY CARE - HOMEMAKER, COMPANION/SITTER REGIS

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90119 032 ***150.00

Principal Place of Business

Mailing Address

3321 S.W. MARTIN STREET
PORT ST. LUCIE FL 34953

3321 S.W. MARTIN STREET
PORT ST. LUCIE FL 34953-4914

2. Principal Place of Business

3. Mailing Address

6008 Citrus Avenue

6008 Citrus Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

City & State

Fort Pierce, Florida

Zip

34982

Country

St. Lucie

Zip

34982

Country

St. Lucie

6. Name and Address of Current Registered Agent

4. FEI Number

65-0819481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GUY BENNETT RUBIN, P.A.
49 S.W. FLAGLER AVENUE
SUITE 201
STUART FL 34994

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 \$150.00
After MAY 1, 2000 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 PADILLA, MARGARET M
STREET ADDRESS 3321 S.W. MARTIN STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Deborah A. Hilaire (P)
STREET ADDRESS 6008 Citrus Avenue
CITY-ST-ZIP Fort Pierce, Florida 34982

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Margaret Padilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00

(561) 336 8167

Date

Daytime Phone #

CR2E034 (9/99)