

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066509

1. Entity Name

PEACE-OF-MIND HOMECARE, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90122 044 \*\*\*150.00

Principal Place of Business

Mailing Address

9036 FORT JEFFERSON BLVD.  
ORLANDO FL 32822

9036 FORT JEFFERSON BLVD.  
ORLANDO FL 32832-5700

2. Principal Place of Business

3. Mailing Address

12040 Gray Birch Circle  
Suite, Apt. #, etc.

12040 Gray Birch Circle  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3394755

Applied For

Not Applicable

Zip

Country

32832-5700 USA

Zip

Country

32832-5700 USA

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

BOESCH, MICHELLE  
9036 FORT JEFFERSON BLVD.  
ORLANDO FL 32822

Name

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

12040 Gray Birch Circle

City

Orlando

FL

Zip Code

32832-5700

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.

Michelle Boesch

Michelle Boesch

2-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BOESCH, MICHELLE  
CITY-ST-ZIP 9036 FORT JEFFERSON BLVD.  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME 12040 Gray Birch Circle  
STREET ADDRESS Orlando FL 32832-5700  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

Michelle Boesch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00 (407) 275-3134

CR2E034 (9/99)