

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071678

1. Entity Name

PROPERTY CARE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90165 033 \*\*\*150.00

Principal Place of Business

Mailing Address

2121 CORPORATE SQUARE BLVD  
STE 264  
JACKSONVILLE FL 32216

2121 CORPORATE SQUARE BLVD  
STE 264  
JACKSONVILLE FL 32216-0301

2. Principal Place of Business

3. Mailing Address

4375-4 Southside Blvd

4375-4 Southside Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#129

#129

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3399831

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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)

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**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.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME HOLLINGSWORTH, BETTI A  
STREET ADDRESS 2121 CORPORATE SQUARE BOULEVARD, SUITE 255  
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE VP  
NAME HOLLINGSWORTH, REED  
STREET ADDRESS 2962 LOPEZ RD  
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betti A. Hollingsworth 4-29-2000

Date

Daytime Phone #

904 645 8421

CR2E034 (9/99)