

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000073222**

1. Entity Name

HOMESTEAD HEALTH SERVICES, INC.

Principal Place of Business

**750 STARKEY RD
LARGO FL 34641
US**

Mailing Address

**750 STARKEY ROAD
LARGO FL 34641**

2. Principal Place of Business

7235 Bryan Dairy Rd.

Suite, Apt. #, etc.

3. Mailing Address

7235 Bryan Dairy Rd.

Suite, Apt. #, etc.

City & State

**Largo, FL
33777 USA**

City & State

**Largo, FL
33777 USA**

4. FEI Number

65-0697162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSES, MICHAEL J
750 STARKEY RD
LARGO FL 34641**

7. Name and Address of New Registered Agent

Name **James E. Heenan**
Street Address (P.O. Box Number is Not Acceptable)
7235 Bryan Dairy Rd.
City **Largo** FL **33777**

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.

JAMES E. HEENAN

5/29/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT MOSES, MICHAEL J 750 STARKEY ROAD LARGO FL 34641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGGEOT 750 STARKEY RD LARGO FL 34641	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 7235 Bryan Dairy Road Largo, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDJ James E. Heenan 7235 Bryan Dairy Road Largo, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 6015-Bosworth 7235 Bryan Dairy Road Largo, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES E. HEENAN

5/30/02

727-725-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90075 035 ***150.00

91219



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)