

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095412

1. Entity Name

PREMIER HOME CARE, INC. OF STUART

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90164 016 ***150.00

Principal Place of Business

Mailing Address

721 COLORADO AVE
STUART FL 34994
US

721 COLORADO AVE
STUART FL 34994-3017
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0714561

Applied For

Not Applicable

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

ROBINSON, JACQUELINE C
721 COLORADO AVE.
STUART FL 34994

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROBINSON, JACQUELINE C
1997 PALM CITY RD
STUART FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ROBINSON, RONALD
2510 PINE CREST LAKES
JENSON BEACH FL 34957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
ROBINSON, GERALD
1997 PALM CITY RD
STUART FL 34994

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☐ 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:

Jacqueline C. Robinson, D

Date

Daytime Phone #

CR2E034 (9/99)