

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90348 034 ***150.00

DOCUMENT # P96000095412

1. Entity Name
PREMIER HOME CARE, INC. OF STUART

Principal Place of Business

721 COLORADO AVE
STUART FL 34994
US

Mailing Address

721 COLORADO AVE
STUART FL 34994
US

2. Principal Place of Business

3. Mailing Address

754 N.E. Jensen Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jensen Beach FL

City & State
Same

4. FEI Number
65-0714561

Applied For
Not Applicable

Zip
34957-4754

Country
USA

Zip

Country

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
Robinson, Jacqueline C
Street Address (P.O. Box Number is Not Acceptable)
754 N.E. Jensen Beach Blvd.
City
Jensen Beach **FL** **Zip Code**
34957-4754

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
ROBINSON, JACQUELINE C ☐ Delete
STREET ADDRESS
1997 PALM CITY RD
CITY-ST-ZIP
STUART FL 34994

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

TITLE
P
ROBINSON, RONALD ☐ Delete
STREET ADDRESS
2510 PINE CREST LAKES
CITY-ST-ZIP
JENSON BEACH FL 34957

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

TITLE
VPS
ROBINSON, GERALD ☐ Delete
STREET ADDRESS
1997 PALM CITY RD
CITY-ST-ZIP
STUART FL 34994

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
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

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, Director Jacqueline C Robinson 2/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)