

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90019 009 ***150.00

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DOCUMENT # P96000100487

1. Entity Name
CARE PLUS HOME HEALTH, INC.

Principal Place of Business
3825 26TH ST W
BRADENTON FL 34205

Mailing Address
3825 26TH ST W
BRADENTON FL 34205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4705 26th St. W

Suite, Apt. #, etc.

Suite A

City & State

Bradenton FL

Zip

34207

Country

US

3. Mailing Address

4705 26th St. W

Suite, Apt. #, etc.

Suite A

City & State

Bradenton FL

Zip

34207

Country

US

4. FEI Number

65-0729656

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARLICK, PAUL

3825 26TH STREET WEST

BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Paul Garlick

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

4705 26th St St. W.

Suite A.

City

Bradenton

FL

Zip Code

34207

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]

Paul Garlick - President.

Feb 18 / 2002

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GARLICK, PAUL
90 MICHIANA DR PO BOX 495
TERRA CEIA FL 34250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GARLICK, KATHRYN
90 MICHIANA DR PO BOX 495
TERRA CEIA FL 34250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18 / 2002

Date

941-751-2626

Daytime Phone #

CR2E034 (9/01)