

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001159

1. Entity Name

HIS CARE & REPAIR, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 021 ***150.00

Principal Place of Business

Mailing Address

10700 S.W. GREENRIDGE LANE
PALM CITY FL 34990

10700 S.W. GREENRIDGE LANE
PALM CITY FL 06073-2224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~149 SOUTH MILL DR~~
Suite, Apt. #, etc.

~~149 SOUTH MILL DR~~
Suite, Apt. #, etc.

~~322 HERNANDO ST~~
City & State ~~FT. PIERCE FL~~

~~322 HERNANDO ST~~
City & State ~~SOUTH GLASTONBURY, CT~~

4. FEI Number 65-0721821

Applied For
Not Applicable

~~SOUTH GLASTONBURY, CT~~

~~SOUTH GLASTONBURY, CT~~

Zip ~~34949~~ Country ~~USA~~

Zip ~~06073~~ 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

Name BRYANT WALKER
Street Address (P.O. Box Number is Not Acceptable) 322 HERNANDO ST
149 SOUTH MILL DR
City FT. PIERCE FL Zip Code 34949
SOUTH GLASTONBURY, CT 06073

WALKER, BRYANT H
10700 S.W. GREENRIDGE LANE
PALM CITY FL 34990

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 Bryant Walker (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	P	<input type="checkbox"/> Delete
NAME	WALKER, BRYANT	
STREET ADDRESS	10700 SW GREENRIDGE LN	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, ERIC	
STREET ADDRESS	813 SE RIVER CT DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRY WALKER	
STREET ADDRESS	149 SOUTH MILL DR	
CITY-ST-ZIP	SOUTH GLASTONBURY, CT 06073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bryant Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/00 Daytime Phone # 860 565-0254

CR2E034 (9/99)