

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035428

1. Entity Name
PUTNAM READICARE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90308 050 ***150.00

Principal Place of Business
205 ZEAGLER DR 6690 CRILL AVE
SUITE-203
PALATKA FL 32177

Mailing Address
205 ZEAGLER DR 6690 CRILL AVE
SUITE-203
PALATKA FL 32177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6690 CRILL AVE

3. Mailing Address
6690 CRILL AVE

City & State
PALATKA FLORIDA

City & State
PALATKA FL

4. FEI Number 59-3439275

Applied For
Not Applicable

Zip 32177 Country USA

Zip 32177 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAIER, C
205 ZEAGLER DR
STE-203
PALATKA FL 32177

7. Name and Address of New Registered Agent
Name
C. MAIER
Street Address (P.O. Box Number is Not Acceptable)
6690 CRILL AVENUE
City PALATKA FL Zip Code 32177

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 C. MAIER 1.03.2001
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. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIER, G.E.		NAME		
STREET ADDRESS	205 ZEAGLER DR-203		STREET ADDRESS	6690 CRILL AVENUE	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIER, C		NAME		
STREET ADDRESS	205 ZEAGLER DR-203		STREET ADDRESS	6690 CRILL AVENUE	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: C. MAIER 1.02.2001 325-386 5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)