2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041563

1. Entity Name

I CARE OF LEE COUNTY, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90184 019 ***150.00

							9				
Principal Place of Business 2011 SE 9 TERRACE CAPE CORAL FL 33990			201	Mailing Address 2011 SE 9 TERRACE CAPE CORAL FL 33990							
2. Principal Place of Business				3. Mailing Address							
Suito An	. # 616										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FE! Number 65-0750954		Applied For Not Applicable	
Zip Coun		Country	Zip		Country		5.	Certificate of Status Desired	\$8.75 A	dditional	
6. Name and Address of Current Registered Agent							=	Name and Address of New Registere	Fee Requi	ired	
HOCHE DEDDA A				Name			The state of the registered Agent				
HOGUE, DEBRA A 2011 SE 9 TERRACE				Street Addre			(P.O. Box Number is Not Acceptable)				
	DRAL FL 339										
J 2 J.						0.1		71.		_	
9 The about						City		F	L Zip Co		
	_	/ submits this statement f ered agent.	or the purp	oose of changing its	registere	ed office or registe	red a	gent, or both, in the State of Florida. I ar	n familiar witt	n, and accept	
SIGNATURE											
		or printed name of registered agen	and title if ap	plicable. (NOTE	: Registered	d Agent signature require	d when	reinstating) DATE		 -	
. After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State					Election Campaign Financing Trust Fund Contribution.	\$5. □ Adde	00 May Be	
10.		OFFICERS AND	DIRECTO	PRS .	11.		A		ID DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS	D HOGUE, D 2011 SE 9	TERRACE		☐ Delete	TITLE NAME STREE	l			☐ Change		
CITY-ST-ZIP	CAPE COF	IAL FL 33990				ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		the state of the s		☐ Delete	TITLE - NAME		· • · · · · ·		Change	Addition	
CITY-ST-ZIP			·		CITY-S						
TITLE NAME STREET ADDRESS DITY-ST-ZIP				☐ Delete		T ADDRESS			Change	Addition	
ITLE IAME TREET ADDRESS	· _		, ,	☐ Delete	TITLE NAME	ADDRESS			Change	☐ Addition	
ITY-ST-ZIP ITLE IAME				☐ Delete	CITY-S TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	artifu that the				STREET CITY-S						
Of the corn	aration or the	nformation supplied with or supplemental report is receiver or trustee empor nment with an address, w			he exemp r signatur s required	ption stated in Sec re shall have the s d by Chapter 607,	ction 1 ame le Florid	19.07(3)(i), Florida Statutes. I further cer egal effect as if made under oath; that I da Statutes; and that my name appears i	tify that the ir am an officer n Block 10 or	nformation or director Block 11 if	

SIGNATURE:

PULLED

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