

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90127 044 ***150.00

DOCUMENT # P97000064044

1. Entity Name
CARE CONSOLIDATED INC.



Principal Place of Business
**2501 WALNUT HEIGHTS ROAD
APOPKA FL 32703**

Mailing Address
**2501 WALNUT HEIGHTS ROAD
APOPKA FL 32703**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0771098**

Applied For

Not Applicable

Zip

Country

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

**ADESOLA DADA, MICHAEL
832 CAMARBO WAY
#209
ALTAMONTE SPRINGS FL 32714**

Name **ADESOLA DADA MICHAEL**

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

2501 Walnut Heights Road

City **APOPKA**

FL

Zip Code **32703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ADESOLA DADA, MICHAEL**
STREET ADDRESS **9966 DAFFODIL LANE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **ADESOLA DADA MICHAEL** ☒ Change ☐ Addition
NAME **ADESOLA DADA MICHAEL**
STREET ADDRESS **2501 Walnut Heights Road,**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ Delete
NAME **OLALONPE DADA, RACHAEL**
STREET ADDRESS **9966 DAFFODIL LANE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **OLALONPE DADA RACHAEL** ☒ Change ☐ Addition
NAME **OLALONPE DADA RACHAEL**
STREET ADDRESS **2501 Walnut Heights Road**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VP** ☐ Delete
NAME **DADA, OLUGBENGA**
STREET ADDRESS **832 CAMARGO WAY #209**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **DADA OLUGBENGA** ☒ Change ☐ Addition
NAME **DADA OLUGBENGA**
STREET ADDRESS **2501 Walnut Heights Road**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **AS** ☐ Delete
NAME **DADA, OLUKEMI**
STREET ADDRESS **832 CAMARGO WAY #209**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **DADA OLUKEMI** ☒ Change ☐ Addition
NAME **DADA OLUKEMI**
STREET ADDRESS **2501 Walnut Heights Road**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **OM** ☐ Delete
NAME **DADA, DAVID**
STREET ADDRESS **832 CAMARGO WAT 209**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **DADA DAVID** ☒ Change ☐ Addition
NAME **DADA DAVID**
STREET ADDRESS **2501 Walnut Heights Road**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/02 407-8809330

Date

Daytime Phone #

CR2E034 (10/02)