

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 029 ***150.00

DOCUMENT # P97000065002

1. Entity Name

ONIGHT CARE, INC.


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

972 PONTE VEDRA BOULEVARD

3. Mailing Address

972 PONTE VEDRA BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH, FLORIDA

City & State

PONTE VEDRA BEACH, FLORIDA

4. FEI Number

59-3473426

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32082

Country

USA

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

7. Name and Address of Current Registered Agent

Name **DIANA KELLEY**

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

972 PONTE VEDRA BOULEVARD

City **PONTE VEDRA BEACH****FL**Zip Code
32082
**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPST
KELLEY, DIANA
972 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FLORIDA 32082**

 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DIANA KELLEY

4.18.03

904-285-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)