

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90174 048 \*\*\*150.00

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DOCUMENT # **P97000105072**

1. Entity Name  
**PERSONAL PEOPLE CARE, INC.**



Principal Place of Business  
**8285 SUNRISE LAKES BOULEVARD  
SUNRISE FL 33322**

Mailing Address  
**8285 SUNRISE LAKES BOULEVARD  
SUNRISE FL 33322**

2. Principal Place of Business  
**19564 SEA PINES WAY**

3. Mailing Address  
**19564 SEA PINES WAY**



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number **65-0800325**

Applied For  
Not Applicable

Zip **33498**

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

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	TOPPER, CAROLYN S	8285 SUNRISE LAKES BOULEVARD	SUNRISE FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSTD	TOPPER, CAROLYN S	19564 SEA PINES WAY	BOCA RATON, FL 33498	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Carolyn S Topper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)