

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030469

1. Entity Name

NURSE CARING CENTERS, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90111 004 ***150.00

Principal Place of Business

620 MCKENZIE AVENUE
PANAMA CITY FL 32401

Mailing Address

620 MCKENZIE AVENUE
PANAMA CITY FL 32401

2. Principal Place of Business

830 Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

830 Florida Ave

Suite, Apt. #, etc.

City & State

Lynn Haven Florida

Zip

32444

Country

US

City & State

Lynn Haven Florida

Zip

32444

Country

US

4. FEI Number 59-3508116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTTO, BILL R
620 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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.

SIGNATURE

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.
(See criteria on back) ☐

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

TITLE **P** ☐ Delete
NAME **BELL-SWEETSER, CHRISTINE**
STREET ADDRESS **830 FLORIDA AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **ST** ☐ Delete
NAME **SWEETSER, MATTHEW G**
STREET ADDRESS **830 FLORIDA AVENUE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Christine Bell-Sweetser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan 01

Date

(850) 271-2626

Daytime Phone #

CR2E034 (10/00)