

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90153 041 \*\*\*150.00

DOCUMENT # *P98000031495*

1. Entity Name  
*RELIABLE HOME CARE OF LEE COUNTY INC.*

Principal Place of Business Mailing Address

2. Principal Place of Business  
*28440 Sombreno Drive*  
 Suite, Apt. #, etc.

3. Mailing Address  
*28440 Sombreno Drive*  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*BONITA SPRINGS FL.*

City & State  
*BONITA SPRINGS FL.*

4. FEI Number  
*59-3502676*

Applied For  
 Not Applicable

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

Zip Country  
*34135 U.S.A.*

Zip Country  
*34135 U.S.A.*

6. Name and Address of Current Registered Agent  
*ROMANO, PASQUALE. M.*  
*28440 Sombreno DR*  
*BONITA SPRINGS FL. 34135*

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 *Pasquale M. Romano* **PASQUALE M. ROMANO** *4/16/01*  
Signature, type 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR - PRESIDENT</i> <i>ROMANO, PASQUALE, M.</i> <i>28440 Sombreno DR</i> <i>BONITA SPRINGS FL. 34135</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pasquale M. Romano* **PASQUALE M. ROMANO** *4/16/01* *941-992-3247*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)