

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

FORM 6000R AV

DOCUMENT # P98000031495

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

04-22-2002 90182 050 ***150.00

Principal Place of Business Mailing Address
28440 SOMBRERO DR **28440 SOMBRERO DR**
BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3502676** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

~~6. Name and Address of Current Registered Agent~~ ~~7. Name and Address of New Registered Agent~~

ROMANO, PASQUALE M
9070 PALMAS GRANDE BLVD.
SUITE 205
BONITA SPRINGS FL 34135

Name **ROMANO, PASQUALE M**
 Street Address (P.O. Box Number is Not Acceptable)
28440 Sombbrero DR
 City **BONITA SPRINGS** FL Zip Code **34135**

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** 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, 2002 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 | PD ROMANO, PASQUALE M 28440 SOMBRERO DR BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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** **4/18/02** **941-992-3247**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)