

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90722 042 \*\*\*150.00

**DOCUMENT # P98000039967**

1. Entity Name  
**GOLD LEAF CARE SYSTEMS, INC.**



Principal Place of Business  
**6402 INDIAN ROCK CT.  
SPRING HILL FL 34606  
US**

Mailing Address  
**6402 INDIAN ROCK CT.  
SPRING HILL FL 34606  
US**



2. Principal Place of Business

**13202 WORD OF LIFE DR**  
Suite, Apt. #, etc.

3. Mailing Address

**13202 WORD OF LIFE DR**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**HUDSON FL**

City & State

**HUDSON FL**

4. FEI Number **59-3511714**

Applied For

☐ Not Applicable

Zip

**34669**

Country

**USA**

Zip

**34669**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOFFMAN, SHIRLEY L  
6402 INDIAN ROCK COURT  
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name

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

**13202 WORD OF LIFE DR**

City

**HUDSON**

FL

Zip Code

**34669**

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 **Shirley L Hoffman**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/03**

DATE

**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

TITLE **PD** ☐ Delete  
NAME **HOFFMAN, SHIRLEY L**  
STREET ADDRESS **6402 INDIAN ROCK COURT**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13202 WORD OF LIFE DR**  
CITY-ST-ZIP **HUDSON FL 34669**

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

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

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

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: **Shirley L Hoffman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/2/03**

Daytime Phone #

06/7/17 AV

CR2E034 (10/02)