

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000054761

FILED  
Apr 17, 2002 8:00 AM  
Secretary of State

Entity Name: CLIENT CARE SERVICES, INC.

## Current Principal Place of Business:

10 BALSAM DRIVE  
HOMOSASSA, FL 34446

## New Principal Place of Business:

1152 SW BUSINESS POINT DRIVE  
LAKE CITY, FL 32025 US

## Current Mailing Address:

10 BALSAM DRIVE  
HOMOSASSA, FL 34446

## New Mailing Address:

3959 VAN DYKE ROAD #365  
LUTZ, FL 33558 US

FEI Number: 65-0856713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYES, TIMOTHY J  
10 BALSAM DRIVE  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

HAYES, TIMOTHY J  
3959 VAN DYKE ROAD #365  
LUTZ, FL 33558 US

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: TIMOTHY J HAYES

04/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: HAYES, TIMOTHY J  
Address: 10 BALSAM DRIVE  
City-St-Zip: HOMOSASSA, FL 34446

Title: CS ( ) Delete  
Name: HAYES, SHARILYN  
Address: 10 BALSAM DRIVE  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: HAYES, TIMOTHY J  
Address: 3959 VAN DYKE ROAD #365  
City-St-Zip: LUTZ, FL 33558

Title: CS (X) Change ( ) Addition  
Name: HAYES, SHARILYN  
Address: 3959 VAN DYKE ROAD #365  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. HAYES

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04/17/2002

Electronic Signature of Signing Officer or Director

Date