

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90337 047 \*\*\*150.00

**DOCUMENT # P98000058075**

1. Entity Name  
**B C HEALTHCARE, INC.**



Principal Place of Business  
**551 REDSTONE AVE W REDSTONE**  
**CRESTVIEW FL 32536**

Mailing Address  
**551 REDSTONE AVE W**  
**CRESTVIEW FL 32536**

**30011603**



2. Principal Place of Business  
**551 REDSTONE AVE W**  
Suite, Apt. #, etc.

3. Mailing Address  
**551 REDSTONE AVE W**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **59-3521717** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ATES, CATHERINE A**  
**333 JOHN ROAD**  
**HOLT FL 32564**

7. Name and Address of New Registered Agent  
Name **LAWTON B. SMITH**  
Street Address (P.O. Box Number is Not Acceptable)  
**8172 GREEN ST.**  
City **LAUREL HILL FL** Zip Code **32567**

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 **LAWTON B. SMITH** *Lawton B. Smith* **1-23-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ATES, CATHERINE A</b>		NAME		
STREET ADDRESS	<b>333 JOHN ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLT FL 32564</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, LAWTON B</b>		NAME		
STREET ADDRESS	<b>8172 GREEN STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PARKER, BILL</b>		NAME		
STREET ADDRESS	<b>115 COURTHOUSE TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THIGPEN, R. LEE</b>		NAME		
STREET ADDRESS	<b>1005 CAPRI COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TEEL, BILLY D</b>		NAME		
STREET ADDRESS	<b>322 POWELL DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**

*Lawton B. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-03** **8506833997**  
Date Daytime Phone #

CR2E034 (10/02)