

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90040 013 ***150.00

DOCUMENT # P98000061412

1. Entity Name
SELF CARE SOURCES, INC.

Principal Place of Business Mailing Address
4500 POINSETTA AVENUE **4500 POINSETTA AVENUE**
B-7 REGENCY CLUB **B-7 REGENCY CLUB**
WEST PALM BEACH FL 33407 **WEST PALM BEACH FL 33407-3832**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4500 N. Flagler Dr **4500 N. Flagler Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B-7 **B-7**
 City & State City & State
W. Palm Beach FL **W. Palm Bch FL**
 Zip Country Zip Country
33407 **Palm Bch** **33407** **Palm Bch**

4. FEI Number Applied For
65-0861027 Not Applicable

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

6. Name and Address of Current Registered Agent
NEFF, JIMMIE A
4500 POINSETTA AVE
B-7 REGENCY CLUB
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name: **Neff, Jimmie A.**
 Street Address (P.O. Box Number is Not Acceptable):
4500 N. Flagler Dr.
B-7
 City: **W. Palm Beach** FL Zip Code: **33407**

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: DATE: **5/1/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEFF, JIMMIE A	
STREET ADDRESS	4500 POINSETTA AVENUE B-7 REGENCY CLUB	
CITY-ST-ZIP	PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neff, Jimmie A	
STREET ADDRESS	4500 N. Flagler Drive B-7	
CITY-ST-ZIP	W. Palm Beach FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DATE: **5/1/2000** Daytime Phone #: **54 863-7120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)