

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 16, 2003 8:00 am
Secretary of State

09-16-2003 90006 004 ***150.00

DOCUMENT # P98000061663

1. Entity Name

UNIQUE CARE FOR THE ELDERLY, INC.



Principal Place of Business
**919 BISHOP DRIVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**490 CITRUS LANE
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3514327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete
NAME **PD**
STREET ADDRESS **POLITIS, ANTHONY**
CITY-ST-ZIP **919 BISHOP DRIVE**
ALTAMONTE SPRINGS FL 32701

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **POLITIS, DEBORAH**
CITY-ST-ZIP **919 BISHOP DRIVE**
ALTAMONTE SPRINGS FL 32701

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **POLITIS, DEBORAH**
CITY-ST-ZIP **919 BISHOP DRIVE**
ALTAMONTE SPRINGS FL 32701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-03

(407) 810-5765

CR2E034 (4/03)

Attachment #

80148661

P98000061163

919 Bishop Drive
Altamonte Springs, Florida
32701
407-620-5474

Unique Care for the Elderly, Inc.

September 10, 2003

Attention: Reinstatement Section
Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: Uniform Business Report

Dear Sir or Madam:

Please be advised that we have previously completed the 2003 For Profit Corporation Uniform Business Report and submitted it to your office with the post mark date of 05-01-03.

Enclosed please find our business check in the amount of the \$150.00 fee for the filing of this report.

Should you have any questions, please do not hesitate to give me a call at (407) 810-5765.

Sincerely,



Deborah T. Politis
Treasurer

"Enhancing everyday living"