

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000063905****1. Entity Name**
FINE CARE CENTER, INC.**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90030 001 ***150.00

Principal Place of Business**1929 WINKLER AVENUE**
FORT MYERS FL 33901
US**Mailing Address****1929 WINKLER AVENUE**
FORT MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**1929 WINKLER AVE.****3. Mailing Address****SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**FT. MYERS, FL.****City & State****4. FEI Number 65-0870579****Applied For****Not Applicable****Zip**
33901**Country****USA****Zip****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****FINE, DEBBIE**
1420 WINKLER AVENUE
FORT MYERS FL 33901**7. Name and Address of New Registered Agent****Name****DEBBIE FINE****Street Address (P.O. Box Number is Not Acceptable)****1420 ARTHUR AVENUE****City****FT. MYERS****FL****Zip Code****33901****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****Debbie Fine, President Debbie Fine****04 JAN 01****DATE**

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. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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** ☐ Delete
NAME **FINE, SCOTT**
STREET ADDRESS **1420 WINKLER AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33901****TITLE** **D** ☐ Delete
NAME **FINE, DEBBIE**
STREET ADDRESS **1420 WINKLER AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33901****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1420 ARTHUR AVE.**
CITY-ST-ZIP **FT. MYERS, FL. 33901****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1420 ARTHUR AVE.**
CITY-ST-ZIP **FT. MYERS, FL. 33901****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:****Debbie Fine**
Debbie Fine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04 JAN 01 (941) 278-3463

CR2E034 (10/00)