

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90011 006 ***150.00

DOCUMENT # P98000063905

1. Entity Name
FINE CARE CENTER, INC.

Principal Place of Business

1929 WINKLER AVENUE
FORT MYERS FL 33901
US

Mailing Address

1929 WINKLER AVENUE
FORT MYERS FL 33901
US

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

65-0870579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINE, DEBBIE

1420 ARTHUR AVENUE
FORT MYERS FL 33901

Name

FINE, DEBBIE

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

1548 Whiskey Creek Drive

City

FT. MYERS

FL

Zip Code

33919

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FINE, SCOTT**
 STREET ADDRESS **1420 ARTHUR AVE**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☒ Change ☐ Addition
 NAME **FINE, SCOTT**
 STREET ADDRESS **1548 Whiskey Creek Drive**
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☐ Delete
 NAME **FINE, DEBBIE**
 STREET ADDRESS **1420 ARTHUR AVE**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☒ Change ☐ Addition
 NAME **FINE, DEBBIE**
 STREET ADDRESS **1548 Whiskey Creek Drive**
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

SCOTT FINE

1/19/02

(941) 278-3463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)