

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072710

1. Entity Name

ANNA MARRIE'S IN-HOME CARE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90612 013 ***150.00

Principal Place of Business

5275 N.W. 75TH AVENUE
LAUDERHILL, FL 33319

Mailing Address

5275 N.W. 75TH AVENUE
LAUDERHILL FL 33319-6333

2. Principal Place of Business

1342 NW 104 DR

3. Mailing Address

1342 NW 104 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COVINGTON SPRING

City & State

COVINGTON SPRING

Zip 33071

Country FI

Zip 33071

Country FI

4. FEI Number 65-0867218

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

DRUMMOND, MILLCENT
5275 N.W. 75TH AVENUE
LAUDERHILL FL 33319

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DRUMMOND, MILLCENT 5275 N.W. 75TH AVENUE LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SIMPSON, IVY 5275 N.W. 75TH AVENUE LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANNA MARRIE'S IN-HOME CARE, INC. 1342 NW 104 DR COVINGTON SPRING	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)