

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016462

1. Entity Name

TRADITIONAL HOUSECALLS INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90006 004 \*\*\*150.00

Principal Place of Business

560 VILLAGE BLVD.  
SUITE 315  
WEST PALM BEACH FL 33409

Mailing Address

560 VILLAGE BLVD.  
SUITE 315  
WEST PALM BEACH FL 33409

2. Principal Place of Business

10115 FOREST HILL BLVD

3. Mailing Address

10115 FOREST HILL BLVD

Suite, Apt. #, etc.

SUITE #400

Suite, Apt. #, etc.

SUITE #400

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number 65-0899021

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

HERBST, SETH

560 VILLAGE BLVD.

SUITE 315

WEST PALM BEACH FL 33409

Name

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

10115 FOREST HILL BLVD STE 400

City

Wellington

FL

Zip Code

33414

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERBST, SETH  
CITY-ST-ZIP 560 VILLAGE BLVD. SUITE 315  
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10115 FOREST HILL BLVD #400  
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)