

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017666

1. Entity Name

AAA\*\*\*\*COMPANION CARE GIVERS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90063 036 \*\*\*158.75

Principal Place of Business

Mailing Address

P.O. BOX 1056  
FT. WALTON BCH FL 32549

P.O. BOX 1056  
FT. WALTON BCH FL 32549-1056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 1056

P.O. Box 1056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Walton Bch, FL

Ft. Walton Bch, FL

Zip

32459

Country

Okaloosa

Zip

32459

Country

Okaloosa

4. FEI Number

59-3551121

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

WEST, NANCY  
941 POCAHONTAS DR. #97  
FT. WALTON BCH FL 32547

Name

Nancy West

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

117 Virg St.

City

Santa Rosa Bch

FL

Zip Code

32459

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

Nancy West

4/30/00

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

Nancy West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 (850)267-0546

Date

Daytime Phone #

CR2E034 (9/99)