

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017666

1. Entity Name

AAA****COMPANION CARE GIVERS, INC.

Principal Place of Business

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

Mailing Address

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

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 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
117 VIRG ST
SANTA ROSA BEACH FL 32459

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 reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
WEST, NANCY
117 VIRG ST
SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D West, Nancy
200 Sandestin Lane # 708
Destin, FL 32550 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MOYD, SONDR
117 VIRGO ST
SANTO ROSA BCH FL 32455 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
78 ☐ Change ☐ 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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-19-2001 90010 018 ***158.75

P99000017666

FILED

01 JUL 12 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

PAGE 2 of 2

AAA****COMPANION CARE GIVERS, INC
P. O. Box 1056
Ft. Walton Bch., FL 32549

To: Division of Corporations

Subject: Annual Report/Uniform Business Report

Reference #: P9900001766

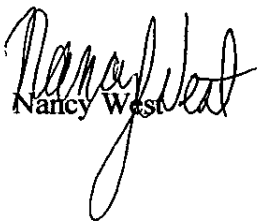
I was hospitalized at Fort Walton Beach Hospital in Fort Walton Beach Florida on the 30th of April when I filled out an enclosed a check for \$158.75 and gave to the Nurse to mail, who said she had put it in the outgoing box. I did not know it did not reach you in time till I received your letter.

Financially, I do not have an additional \$391.25. I filled out the report as soon as I could and believed it was mailed. I cannot explain what happened other than what I have just stated.

Please reconsider imposing a late fee upon the company, financially in would be an hardship, I don't have the resources to meet that demand.

Thank you, for any help you can give me in this matter.

Truly,


Nancy West