

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90706 001 ***150.00

0560222
 AV

DOCUMENT # P99000020522

1. Entity Name

INTERIM HEALTHCARE-PRIVATE SERVICES, INC.

Principal Place of Business

**32634 BLOSSOM LANE
 LEESBURG FL 34788**

Mailing Address

**32634 BLOSSOM LANE
 LEESBURG FL 34788**

2. Principal Place of Business

32644 Blossom Lane

3. Mailing Address

32644 Blossom Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

Zip

34788

Country

FL

Zip

34788

Country

FL

4. FEI Number

59-3563734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BIXBY, EDWARD F JR.
 32634 BLOSSOM LANE
 LEESBURG FL 34788**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete
 NAME **BIXBY, EDWARD F JR.**
 STREET ADDRESS **32634 BLOSSOM LANE**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **32644 Blossom Lane**
 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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 OF REGISTERED AGENT
Ed Bixby, President

4.03.02

326.3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)