

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90192 041 ***150.00

DOCUMENT # P990000521841. Entity Name
LIFE CARE UNLIMITED, INC.

Principal Place of Business

**14106 LEICESTER LN.
ORLANDO FL 32828**

Mailing Address

**P.O. BOX 678760
ORLANDO FL 32867-8760****B0128208**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14106 Leicester Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL4. FEI Number **59-3582397**

Applied For

Not Applicable

Zip

Country

Zip

Country

32828 Orange5. 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

**HERNANDEZ, LILLIAN CLCP
14106 LEICESTER LN.
ORLANDO FL 32828**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00- 150
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **HERNANDEZ, LILLIAN**
STREET ADDRESS **14106 LEICESTER LANE**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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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 (4/02)

Attachment

P99000052184

BD188208

LIFE CARE UNLIMITED INC.

14106 Leicester Lane
Orlando, FL 32828

July 3, 2002

Uniform Business Report
P O Box 1500
Tallahassee, Florida 32302-1500

Document # P99000052184

Dear Sir or Madam:

I received the UBR late registration form. This puzzled me as I had sent a completed form and check number 502 on April 29th. I now know, you have not received my UBR and the \$150.00 fee. I have called the bank and the check has not cleared. I was thinking maybe since it was a personal check, it was received and is on hold or on someone's desk.

I telephoned and, spoke to someone in your office, they told me to resubmit my paper work and send the usual fee of \$150.00. I hope that if the original application and fee is found, you will send that back to me as soon as possible. The mailing address was changed to 14106 Leicester Lane, Orlando FL 32828. Please send all correspondence to this address.

Let me know if this is sufficient or if I have to fill out additional paper work. I do hope the late fees do not apply to me.

Thank you in advance for your assistance in this matter.

Sincerely,



Lillian Hernandez
President