2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000055138**

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

1. Entity Name

COMPANIONCARE, INC.

Principal Place	e of	Business
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Mailing Address

222 BEACHVIEW DRIVE FT WALTON BEACH FL 32547

2. Principal Place of Business

MESINER, EDNA G

222 BEACHVIEW DRIVE FT WALTON BEACH FL 32547

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIF

222 BEACHVIEW DRIVE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FT WALTON BEACH FL 32547-2835

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

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12.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

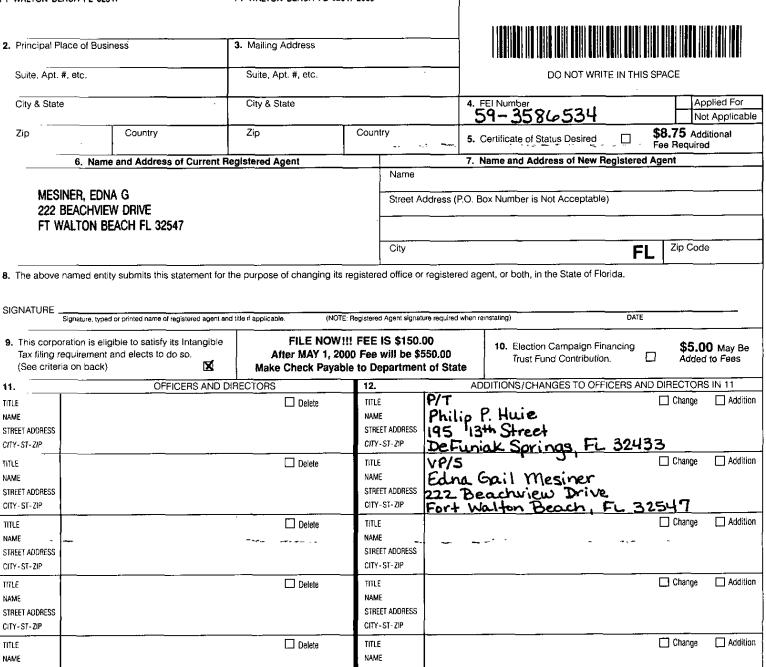
CITY-ST-ZIP

Name

City

Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90022 045 ***150.00



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 address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEdha Gail Mesiner 3/01/2000

☐ Change

☐ Addition

CR2E034 (9/99)