

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90061 006 ***150.00

DOCUMENT # P99000071118

1. Entity Name

A HOME CARE SERVICE OF PALM BEACH COUNTY, CORP.

Principal Place of Business

**3923 LAKE WORTH RD
 STE 107
 LAKE WORTH FL 33461**

Mailing Address

**3923 LAKE WORTH RD
 STE 107
 LAKE WORTH FL 33461**



2. Principal Place of Business

4450 47th Ave South

3. Mailing Address

4450 47th Ave South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth FL

City & State

Lake Worth F

4. FEI Number

65-0940260

Applied For

Not Applicable

Zip

Country

33463 USA

Zip

Country

33463 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELL, PATRICIA A
 3923 LAKE WORTH RD
 STE 107
 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

**Name: Bell, Patricia A.
 Street Address (P.O. Box Number is Not Acceptable): 4450 47th Ave South
 City: Lake Worth FL Zip Code: 33463**

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

Patricia A. Bell

2/21/02

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 **P** ☐ Delete
 NAME **BELL, PATRICIA**
 STREET ADDRESS **2 SOUTH LN**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **President** ☒ Change ☐ Addition
 NAME **Bell, Patricia**
 STREET ADDRESS **15185 88th Place North**
 CITY-ST-ZIP **Loxahatchee FL 33470**

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Bell 2/21/02 561-791-9231

Date

Daytime Phone #

CR2E034 (9/01)