

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-01-2001 90003 050 ***150.00

DOCUMENT # P99000072264

1. Entity Name

THE CARETAKERS, INC.

Principal Place of Business

2925 CARDINAL DR.
VERO BCH FL 32963

Mailing Address

2925 CARDINAL DR.
VERO BCH FL 32963

31186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5065 N AIA

Suite, Apt. #, etc.

3. Mailing Address

5065 N AIA

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0941687

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

HURYN, JOHN
2925 CARDINAL DR.
VERO BCH FL 32963

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HURYN, JOHN	
STREET ADDRESS	2925 CARDINAL DR.	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGLER, ROBERT C	
STREET ADDRESS	980 CLIPPER RD.	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURYN, JOHN	
STREET ADDRESS	5065 N AIA	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGLER, ROBERT	
STREET ADDRESS	5065 N AIA	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

(President)

3/12/01 (50)234-5722

Date

Daytime Phone #

CR2E034 (10/00)