

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076719

1. Entity Name
L & A STANDARD HOMECARE AND CUSTODIAL SERVICES,

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90014 040 ***550.00

0084780 AV

Principal Place of Business

6299 W SUNRISE BLVD
STE 208
SUNRISE FL 33313

Mailing Address

6299 W SUNRISE BLVD
STE 208
SUNRISE FL 33313

2. Principal Place of Business

6289 W Sunrise Blvd

3. Mailing Address

6289 W. Sunrise Blvd.

Suite, Apt. #, etc.

117

Suite, Apt. #, etc.

Suite 117

City & State

Sunrise FL

City & State

Sunrise, FL

Zip

33313

Country

Zip

33313

Country

4. FEI Number

65-0956207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TULLOCH, ANDREA M
915 MIDDLE RIVER
SUITE 302
FT. LAUDERDALE FL 33304

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 \$550.00
After September 12, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STANBURY, LORNA
10410 NORTHWEST 31ST COURT
SUNRISE FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, ALEXANDER
10410 NORTHWEST 31ST COURT
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/01

Date

(954) 581-7373

Daytime Phone #

CR2E034 (5/01)