2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081429 1. Entity Name								
CAROLE'S HOUSEKEEPERS & MORE, INC.					، بد سالی،		-· .	
					FILED)		
Principal Place of Business Mailing Address					00 JUN 13 PM 12: 00			
2827 HELM CO Lantana FL 3		2827 HELM COURT. #111 LANTANA FL 33462-0905		ſ	יין צי אטנ טט	1 12- 00	•	
					SECRETARY OF TABLETHASSEE F	STATE LORIDA	- ,	
2. Principal P	lace of Business	3. Mailing Address	Militare	NIE			,	
Swite, Apt.	#, etc.	Suite, Apt. # etc.	L. Hill Iser o	i	5/18/2000-9029	9 03	160.6	
T STY SO	NIDCH GI	FYET DAIL	SOCH-	01 4	FI Number 0 (19.1/-)-		plied For I Applicable	
-ZP	Country	Zip	Country		676171162	\$8.75 Add		
334	94 1USA	38484	<u>USA</u>		. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
PORTILLA, CAROLE J. Sheek Antigos (P.)					UA CAROLE.			
2827 HELM COURT, #111				STORY Address Pro Box Number is Not Aggestiable Training				
LANTANA FL 33462				4100	, , , , , , , , , , , , , , , , , , , ,	,, - •		
City G I D					Warl C FI	₹30°20€	200	
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.								
The desire manual strong termina tring stationing to tring purpose of criticitying its registered shifted of registered depart, or south, in this state of rings.								
SIGNATURE Signature, speed or Inneed frame of registered agent and title of applicable (NOTE, Registered Agent signature required when reinstating) DATE								
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00								
Tax tilling requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.90 Make Check Payable to Department of State								
	OFFICERS AND C	_ <u></u>	12.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	N 11	
TITLE	PVST	☐ Delete	TITLE			Change		
NAME	PORTILLA, CAROLE J		NAME	PORT	ILLA, CAROLE	A • • ·	(9) 4(
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13. Therapy c	ertify that the information supplied with t	his filing does not qualify for ti	he exemption stat	ed in Section	1 119.07(3)(i), Florida Statutes. I further co	artify that the inf	formation	
13. Theraby 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 ceth; 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, Flonda Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all pther like empowered.								
SIGNATURE: (77-24-00 561-638-5652)								
	SANATURE AND THE DOWN	NTED NAME OF SIGNING OFFICER OF	DIRECTOR		, Dele	Daytime Phone #	\'	