

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90041 047 ***158.75

DOCUMENT # P99000086680

1. Entity Name
PRO-CARE INC. JANITORIAL SERVICE/FACILITY MAINTN

Principal Place of Business 4014 W. WATERS AVE #1105 TAMPA FL 33614	Mailing Address 4014 W. WATERS AVE #1105 TAMPA FL 33614-8113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3604911		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country Hillsborough	Zip	Country Hillsborough				

6. Name and Address of Current Registered Agent SHINDEL, KIMBERLY 4014 W. WATERS AVE #1105 TAMPA FL 33614				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P Peter E. Shindel Jr.
STREET ADDRESS		STREET ADDRESS	4014 W. Waters Ave # 1105
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input type="checkbox"/> Delete	TITLE	V/T/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Kimberly K. Shindel
STREET ADDRESS		STREET ADDRESS	4014 W. Waters Ave #1105
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input type="checkbox"/> Delete	TITLE	O <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Mike Fiden
STREET ADDRESS		STREET ADDRESS	14916 Coldwater Lane
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33625
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Kimberly K. Shindel 4/10/00 (813) 290-7115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)