

2000 UNIFORM BUSINESS REPORT.(UBR)

4/2

FILED
May 30, 2000 8:00 am
Secretary of State

04-24-2000 90784 001 ***300.00

DOCUMENT # P99000091256

1. Entity Name

CARE 1.COM, CORP.

Principal Place of Business

**6800 NORTH DALE MABRY HIGHWAY
 SUITE 100
 TAMPA FL 33614**

Mailing Address

**6800 NORTH DALE MABRY HIGHWAY
 SUITE 100
 TAMPA FL 33614-3984**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HANEY, R. REID
 101 E. KENNEDY BLVD.
 SUITE 4100
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Charles Broes**
 Street Address (P.O. Box Number is Not Acceptable) **6800 N. Dale Mabry Hwy**
Suite 100
 City **Tampa** FL Zip Code **33614**

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 *Charles Broes*
 Signature typed or printed name of registered agent and title if applicable

C.E.O.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-00

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, 2000 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	MANISCALO, BENEDICT	
STREET ADDRESS	6800 NORTH DALE MABRY HIGHWAY SUITE 100	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROES, CHUCK	
STREET ADDRESS	6800 NORTH DALE MABRY HIGHWAY SUITE 100	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUCKOLS, CARDWELL C	
STREET ADDRESS	6800 NORTH DALE MABRY HIGHWAY SUITE 100	
CITY-ST-ZIP	TAMPA FL 33614	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Charles Broes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)