

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099784

1. Entity Name

PROMISE NURSING CARE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90111 017 ***150.00

Principal Place of Business

116 STERLING CT
SANFORD FL 32771

Mailing Address

116 STERLING CT
SANFORD FL 32771-3944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 W 5th St

Suite, Apt. #, etc.

Apt 33

City & State
Sanford, Fla

Zip
32771

Country
USA

3. Mailing Address

1600 W 5th St # 33

Suite, Apt. #, etc.

Apt 33

City & State
Sanford, Fla

Zip
32771

Country
USA

4. FEI Number

59-3608726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNT, PAMEKA L
116 STERLING CT
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Hunt, PAMEKA L

Street Address (P.O. Box Number is Not Acceptable)

1600 W 5th St # 33

City
Sanford

FL

Zip Code

32771

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

Pameka L Hunt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-00

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 checked="" type="checkbox"/> Delete
NAME	HUNT, PAMEKA L	
STREET ADDRESS	116 STERLING CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	Hunt, PAMEKA	<input type="checkbox"/> Delete
NAME	1600 W 5th St #33	
STREET ADDRESS	SANFORD, FLA 32771	
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		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #

CR2E034 (9/99)