

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90540 041 \*\*\*150.00

**DOCUMENT # S05620**

1. Entity Name  
**C. P. CARETAKING, INC.**



Principal Place of Business  
**2060 80 FOOT RD  
BARTOW FL 33830  
US**

Mailing Address  
**2060 80 FOOT RD  
BARTOW FL 33830  
US**

2. Principal Place of Business

**215 Orangeview Ln.  
Suite, Apt. #, etc.  
APT. F-11**

3. Mailing Address

**215 Orangeview Ln.  
Suite, Apt. #, etc.  
APT. F-11**

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip  
**33803**

Zip  
**33803**

4. FEI Number  
**59-3030070**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HALL, W. GARVIE  
2060 80 FOOT RD  
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name  
**W. CHARLIE HALL**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 ORANGEVIEW LN # F11**  
City  
**LAKE LAND** FL Zip Code  
**33803-4759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **W. Hall**  
Signature, typed or printed name of Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
HALL, W. GARVIE  
2060 80 FOOT RD  
BARTOW FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DICKES, BYRAM E.  
100 SOUTH WACKER DRIVE  
CHICAGO IL** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
Hall, W. Garvie  
215 Orangeview Ln, F-11  
Lakeland, FL 33803-4759** ☒ Change ☐ Addition

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

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

TITLE  
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☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **W. Hall**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03 863 644-3081**  
Date Daytime Phone #

CR2E034 (10/02)