FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90039 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07049

1. Entity Name
HOME CARE SOLUTIONS, INC.

90130963

Principal Place of Business	Mailing Address
270 S NORTH LAKE BLVD SUITE 1000 ALTAMONTE SPRINGS, FL 32701	270 S NORTHLAKE BLVD STE 1000 ALTAMONTE SPGS, FL 32701 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		485 N. Keller Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 129	
City & State		City & State Maitland, FL	
Zip	Country	Zip 32751	Country USA

4. FEI Number 59-3048746 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUGG, JOE ONE TAMPA CITY CENTER SUITE 2100 TAMPA, FL 33601	Name Burnsed, Lynn Street Address (P.O. Box Number Is Not Acceptable) 5549 Banana Point Drive PO Box 239 City Okahumpka FL Zip Code 34762

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 ______________________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POWERS, KEVIN		NAME		
STREET ADDRESS	270 S NORTHLAKE BLVD, 1000		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLER, ANDREW W.		NAME		
STREET ADDRESS	270 S. NORTHLAKE BLVD STE 1000		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 907049

90130963

1. Entity Name
HOME CARE SOLUTIONS, INC.

Principal Place of Business
270 S NORTHLAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS, FL 32701

Mailing Address
270 S NORTHLAKE BLVD
STE 1000
ALTAMONTE SPGS, FL 32701 US

2. Principal Place of Business
Street Address: 485 N. Keller Road
Suite 129
City-State: Maitland, FL
Zip: 32751
County: USA

[redacted]

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3949749

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

6. Name and Address of Current Registered Agent
RUDD, JOE
ONE TAMPA CITY CENTER
SUITE 2100
*TAMPA, FL 33601

7. Name and Address of New Registered Agent
Name: Burnsed, Lynn
Street Address (P.O. Box Number Not Acceptable): 3549 Banana Point Drive
PO Box 239
City: Olcahumpka FL Zip: 34762

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 entity named above is familiar with, and accepts the obligations of, registered agent.

SIGNATURE: 5-1-03

FILING FEE $150.00
After May 1, 2003 Fee will be $400.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Voluntary Additional Contribution

10. OFFICERS AND DIRECTORS

Title: VSD	Name: POWERS, KEVIN	Address: 270 S NORTHLAKE BLVD, 1000 ALTAMONTE SPGS, FL 32701
Title: D	Name: MILLER, ANDREW W.	Address: 270 S. NORTHLAKE BLVD STE 1000 ALTAMONTE SPRINGS, FL 32701

11. ADDITIONAL OFFICERS AND DIRECTORS IF ANY

12. I hereby certify that the information supplied with this filing complies with the requirements of Section 140.0185, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be 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: 4/30/03