

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73120

1. Entity Name

CARE HOUSEKEEPING, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90268 001 ***600.00

Principal Place of Business

Mailing Address

4836 FLAMINGO ROAD
TAMPA FL 33611
US

4836 FLAMINGO ROAD
TAMPA FL 33611-1012
US

2. Principal Place of Business

23A 9th St. S.

Suite, Apt. #, etc.

3. Mailing Address

23A 9th St. S.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33705

Country

USA

Zip

33705

Country

USA

4. FEI Number

59-3081308

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

WEBBER, ANDREW R.
5453 W WATERS AVE
STE 101
TAMPA FL 33634

Name

Andrew R. WEBBER

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

23A 9th St. S.

City

St. Petersburg, FL

FL

Zip Code

33705

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

A. R. Webb
Signature, typed or printed name of registered agent and title if applicable.

4/23/00

(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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WEBBER, ANDREW R.
4836 FLAMINGO RD
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Andrew R. WEBBER
23A 9th St. S.
St. Petersburg, FL 33705 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

Daytime Phone #

CR2E034 (9/99)