

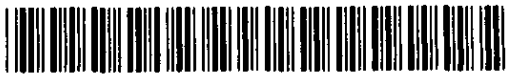
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00218

Entity Name  
J & B QUALI KARE CENTER, INC.

FILED  
Mar 07, 2000 8:00 am  
Secretary of State  
03-07-2000 90085 008 \*\*\*150.00

Principal Place of Business	Mailing Address
21ST AVENUE FL 33619	P. O. BOX 3244 BRANDON FL 33509-3244



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
815 E 21st Ave Suite, Apt. #, etc.	P O Box 3244 Suite, Apt. #, etc.

City & State	City & State
Tampa FL	Brandon FL
Zip	Zip
3619	33509
Country	Country
Hillsborough	Hillsborough

4. FEI Number	59-3100512	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
EVANS, LARRY H 4219 HARTWOOD LANE TAMPA FL 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. OFFICERS AND DIRECTORS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MILES, ANGIE M		NAME	
3402 SHERRY DRIVE		STREET ADDRESS	
BRANDON FL		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WALKER, BEATRICE		NAME	
650 PINE FOREST DRIVE		STREET ADDRESS	
BRANDON FL		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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	BEATRICE WALKER	Date	813 2-28-00	Daytime Phone #	691-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/99)