

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 08:00 AM  
Secretary of State

DOCUMENT # V02998

1. Entity Name  
SIGNATURE HOME CARE OF FLORIDA, INC.

Principal Place of Business  
910 RIDGEBROOK ROAD  
SPARKS MD 21152 US

Mailing Address  
910 RIDGEBROOK ROAD  
SPARKS MD 21152 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3156072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD. INC.  
1406 HAYS STREET  
STE 2  
TALLAHASSEE FL 32301 US

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \_\_\_\_\_ DATE 03/13/2001

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

(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, 2001 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 type="checkbox"/> Delete |
| NAME           | ELKINS MARSHALL     |                                 |
| STREET ADDRESS | 910 RIDGEBROOK ROAD |                                 |
| CITY-ST-ZIP    | SPARKS MD 21152     |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | STEPHENSON ROBERT   |                                 |
| STREET ADDRESS | 910 RIDGEBROOK ROAD |                                 |
| CITY-ST-ZIP    | SPARKS MD 21152     |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | PULCHINO MARK L     |                                 |
| STREET ADDRESS | 910 RIDGEBROOK ROAD |                                 |
| CITY-ST-ZIP    | SPARKS MD 21152     |                                 |
| TITLE          | SD                  | <input type="checkbox"/> Delete |
| NAME           | LEVIN MARC B        |                                 |
| STREET ADDRESS | 910 RIDGEBROOK ROAD |                                 |
| CITY-ST-ZIP    | SPARKS MD 21152     |                                 |
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | PICKETT TAYLOR      |                                 |
| STREET ADDRESS | 910 RIDGEBROOK ROAD |                                 |
| CITY-ST-ZIP    | SPARKS MD 21152     |                                 |
| 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    |   |
| 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    |   |
| 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: MARK FULCHINO

VP

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)