

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25662

1. Entity Name

HOME HEALTH WORKS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90153 024 ***150.00

Principal Place of Business
129 GARDEN AVE. N.
SUITE 323
CLEARWATER FL 33755
US

Mailing Address
129 GARDEN AVE. N.
SUITE 323
CLEARWATER FL 33755-4119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3124330**

Applied For
Not Applicable

Zip Country

Zip Country

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

LETTON, KATHLEEN E.
133 GARADEN AVE. N.
SUITE 8
CLEARWATER FL 33755

Name **Lettau, Kathleen E**
Street Address (P.O. Box Number is Not Acceptable)
70 Perfectly Balanced Books, 133 Garden Ave N.
City **Clearwater** FL Zip Code **33755**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/3/00
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 ☐ Delete
NAME **D MINKOFF, DAVID**
STREET ADDRESS **404 EDGEWOOD AVE**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
NAME **D MINKOFF, SUE**
STREET ADDRESS **404 EDGEWOOD AVE**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
NAME **D MINKOFF, URI**
STREET ADDRESS **404 EDGEWOOD AVE.**
CITY-ST-ZIP **CLEARWATER FL 33755**

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

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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:

SIGNATURE
URS MINKOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 2000
Date

727-466-6789
Daytime Phone #

CR2E034 (9/99)