

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90192 012 ***150.00

DOCUMENT # V25662

1. Entity Name

HOME HEALTH WORKS, INC.

Principal Place of Business

Mailing Address

129 GARDEN AVE. N.
SUITE 323
CLEARWATER FL 33755
US

129 GARDEN AVE. N.
SUITE 323
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

301 Turner Street
Suite, Apt. #, etc.

301 Turner Street
Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL.
Zip **33756** Country **USA**

Clearwater, FL.
Zip **33756** Country **USA**

4. FEI Number **59-3124330**

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

LETTON, KATHLEEN E.
C/O PERFECTLY BALANCED BOOKS
133 GARDEN AVE N
CLEARWATER FL 33755

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

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

(NOTE: Registered Agent signature required when reinstating)

27 April 2001
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Uri Minkoff

27 April 2001

Daytime Phone #

727-445-5612

CR2E034 (10/00)