

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90139 024 ***150.00

DOCUMENT # F93000004430

1. Entity Name

ABLE PALMS HOME & HEALTH CARE SERVICES, INC.

Principal Place of Business

**499 ALTERNATE KEENE RD
 820
 LARGO FL 33771
 US**

Mailing Address

**1107 HAZELTINE BLVD
 200
 CHASKA MN 55305
 US**

00008727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 LAKE AVE. N.E.

3. Mailing Address

1107 HAZELTINE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

LARGO FL

City & State

CHASKA MN

4. FEI Number **41-1753931**

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

55318

Country

USA

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

**GILLER, URSULA
 499 ALTERNATE KEENE RD
 STE 820
 LARGO FL 33771**

Name

~~SAME~~ GILLER, URSULA

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

200 LAKE AVE. N.E.

City

LARGO

FL

Zip Code

33771

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

Ursula Giller

URSULA GILLER

1-10-01

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. ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, JOHN B 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERKA, DAN 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILICH, PATRICIA 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEIFERT, MELINDA 1107 HAZELTINE BLVD #200 CHASKA MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia Bilich

PATRICIA BILICH

01-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)