

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90023 044 ***150.00

DOCUMENT # P96000097605

1. Entity Name
02 WOUND CARE CORPORATION

Principal Place of Business 2238 HIGHWAY 44 WEST INVERNESS FL 34453	Mailing Address 2238 HIGHWAY 44 WEST INVERNESS FL 34453-3873
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DO NOT WRITE IN THIS SPACE

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 **59-3412127** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STALCUP, VICTORIA A
 2238 HIGHWAY 44 WEST
 INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	STALCUP, VICTORIA	
STREET ADDRESS	2238 HWY 44 WEST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAM D KING	
STREET ADDRESS	2831-A NW 41ST ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, JEREMIAH A.	
STREET ADDRESS	2238 HWY 44 W	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, TANA	
STREET ADDRESS	2238 HWY 44 W	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALCUP, II W	
STREET ADDRESS	2238 HWY 44 W	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE		<input type="checkbox"/> Delete
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
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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)(f), 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: *Tana W. Hubbard* **Tana W. Hubbard** **4-25-00** **352-795-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPF034 (9/99)