2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H01835** May 26, 2000 8:00 am Secretary of State 1. Entity Name PLYMOUTH HOME FOR ADULTS, INC. 05-26-2000 90081 041 ***158.75 Principal Place of Business Mailing Address % CARLOS MORALES % CARLOS MORALES 3225 PLYMOUTH STREET 3225 PLYMOUTH STREET JACKSONVILLE FL 32205-6099 JACKSONVILLE FL 32205 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2401554 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORALES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 3225 PLYMOUTH STREET JACKSONVILLE FL 32205 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to.do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MORALES, CARLOS NAME 3225 PLYMOUTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Oelete TITLE Change Addition TITLE MORALES, NORA NAME NAME STREET ADDRESS 3225 PLYMOUTH STREET STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL CITY-ST-ZIP Change Addition TITLE Dolete TITLE MORALES, JUAN NAME NAME 3225 PLYMOUTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Addition ☐ Change Delete TITLE LAURAMORE, SUSAN NAME NAME 3225 PLYMOUTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P JACKSONVILLE FL Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: