

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90178 030 ****61.25

DOCUMENT # N46752

1. Entity Name

PORT SAINT JOHN SENIOR'S INC.



Principal Place of Business

**6027 CARDIFF AVE
COCOA FL 32927-0084**

Mailing Address

**PORT SAINT JOHN SENIORS INC.
P.O. BOX 10084
PORT SAINT JOHN FL 32927**

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 **NOT APPLICABLE**

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

**RIGOS, ED
6027 CARDIFF AVE
COCOA FL 32927**

(BIGOS, ED)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ed Bigos, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HURST, WILLIAM**
STREET ADDRESS **6865 BELFAST AVE.**
CITY-ST-ZIP **COCOA FL**

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

TITLE **P** ☒ Delete
NAME **BIGOS, ED**
STREET ADDRESS **6027 CARDIFF AVE**
CITY-ST-ZIP **PT SAINT JOHN FL 32927**

TITLE **P** ☒ Change ☐ Addition
NAME **ROSE O'HARA**
STREET ADDRESS **4275 Fay Blvd**
CITY-ST-ZIP **PORT SAINT JOHN, FL 32927**

TITLE **VP** ☐ Delete
NAME **BARNETT, CHARLES**
STREET ADDRESS **4580 FAY BLVD**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **T** ☒ Change ☐ Addition
NAME **Ed Bigos**
STREET ADDRESS **6027 CARDIFF AVE**
CITY-ST-ZIP **PORT ST. JOHN FL 32927**

TITLE **D** ☐ Delete
NAME **KRUEGER, MARK**
STREET ADDRESS **5045 MAYFLOWER ST.**
CITY-ST-ZIP **COCOA FL**

TITLE **S** ☐ Change ☒ Addition
NAME **John Barnett**
STREET ADDRESS **4580 FAY BLVD**
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **S** ☒ Delete
NAME **O'HARA, ROSE**
STREET ADDRESS **4275 FAY BLVD.**
CITY-ST-ZIP **PORT SAINT JOHN FL 32927**

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

TITLE **T** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ed Bigos **ED BIGOS**

3-18-03 321-636-7237

CR2E037 (10/02)