

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90148 035 ****61.25

DOCUMENT # N94000006057



1. Entity Name
ABILITIES AT FOUNTAIN SQUARE, INC.

Principal Place of Business
**2735 WHITNEY RD
CLEARWATER FL 33760
US**

Mailing Address
**2735 WHITNEY RD
CLEARWATER FL 33760
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3317443**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**SANDONATO, WILLIAM JR
2735 WHITNEY RD
CLEARWATER FL 34620**

7. Name and Address of New Registered Agent
Name
Gene Thomas
Street Address (P.O. Box Number is Not Acceptable)
2735 Whitney Road
City
Clearwater FL Zip Code
33760

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 *Gene Thomas* **Gene Thomas** **February 6, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	NEVILLE, MIKE	
STREET ADDRESS	3259 SPANISH MOSS LANE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LEONARDO, KAREN P	
STREET ADDRESS	650 GENEVA PLACE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDONATO, WILLIAM JR	
STREET ADDRESS	14805 SEMINOLE TRAIL	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREISLE, LORI	
STREET ADDRESS	5300 10TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Neville	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Sandonato, Jr.	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mike Neville* **Mike Neville** **February 6, 2003** **727.538.7370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E037 (10/02)