2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 710756

FILED
Feb 27, 2002 8:00 AM
Secretary of State

Entity Name: NEIGHBORLY SENIOR SERVICES, INC.

Current Principal Place of Business:

13650 STONEYBROOK DR
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

13650 STONEYBROOK DR
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-1218100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHHOLTZ, FREDRIC
13650 STONEYBROOK DR
CLEARWATER, FL 33762

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	DEAN, PHILIP E	
Address:	13650 STONEYBROOK DR	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	VD	( ) Delete
Name:	MITCHELL, DEBRA L	
Address:	13650 STONEYBROOK DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	SD	( ) Delete
Name:	BRAUN, KELLY M	
Address:	13650 STONEY BROOK DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	TD	( ) Delete
Name:	TREMPER, WILLIAM F	
Address:	13650 STONEYBROOK DRIVE	
City-St-Zip:	CLEARWATER, FL	
Title:	M	( ) Delete
Name:	BUCHHOLTZ, FREDRIC	
Address:	13650 STONEYBROOK DRIVE	
City-St-Zip:	CLEARWATER, FL	
Title:	D	(X) Delete
Name:	WATKINS, GLORIA	
Address:	13650 STONEYBROOK DR	
City-St-Zip:	CLEARWATER, FL 33762	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CD	(X) Change ( ) Addition
Name:	MITCHELL, DEBRA L	
Address:	13650 STONEYBROOK DR	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	VD	(X) Change ( ) Addition
Name:	TREMPER, WILLIAM F	
Address:	13650 STONEYBROOK DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	JOHNSON, RODERIC A	
Address:	13650 STONEYBROOK DRIVE	
City-St-Zip:	CLEARWATER, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L. MITCHELL CD 02/27/2002

Electronic Signature of Signing Officer or Director — Date