

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755043

1. Entity Name

AUTISTIC SERVICES, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90010 036 ****61.25

Principal Place of Business

Mailing Address

C/O ROBERT BANKS
 805 XANADU PL
 JUPITER FL 33477

C/O ROBERT BANKS
 805 XANADU PL
 JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

c/o Kim Hayden-Pless

c/o Kim Hayden-Pless

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2262 prairie view Drive

2262 prairie view Drive

City & State

City & State

Loxahatchee FL

Loxahatchee, FL

Zip

Country

Zip

Country

33470

USA

33470

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2099391

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

BANKS, ROBERT
 805 XANADU PL
 JUPITER FL 33477

Name

Hayden-Pless, Kimberly

Street Address (P.O. Box Number is Not Acceptable)

2262 prairie view Drive

City

Loxahatchee

FL

Zip Code
33470

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 Kim Hayden-Pless, President

9.7.00

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME STINE, CLAUDIA
 STREET ADDRESS 2814 S.W. 4TH STREET
 CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE Change Addition
 NAME ~~Frederick Van Pelt~~
 STREET ADDRESS Treasurer
 CITY-ST-ZIP

TITLE Delete
 NAME KAYDEN, KIM
 STREET ADDRESS 2262 PRARIE VIEW DRIVE
 CITY-ST-ZIP LOXAHATCHEE FL 33430

TITLE Change Addition
 NAME Kim Hayden
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME BANKS, ROBERT
 STREET ADDRESS 805 XANADU PL
 CITY-ST-ZIP JUPITER FL 33477

TITLE Change Addition
 NAME Siobhan Gross, Vice President
 STREET ADDRESS 1090 Egret Circle, North
 CITY-ST-ZIP Jupiter, FL 33458

TITLE Delete
 NAME SILVER, VICKI
 STREET ADDRESS 805 XANADY PL
 CITY-ST-ZIP JUPITER FL 33477

TITLE Change Addition
 NAME ~~Secretary~~
 STREET ADDRESS Dena Gitlitz
 CITY-ST-ZIP 140 Barbados Drive
 Jupiter, FL 33458

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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)(l), 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:

SIGNATURE REQUIRED

9.7.00

561-798-8487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)