

2002 UNIFORM BUSINESS REPORT (UBR)

0011305

DOCUMENT # 755043

FILED

1. Entity Name

AUTISTIC SERVICES, INC.

03 MAY 29 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O KIM HAYDEN-PLESS
2262 PRAIRIE VIEW DR
LOXAHATCHEE FL 33470

C/O KIM HAYDEN-PLESS
2262 PRAIRIE VIEW DR
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

c/o Claudia Stine

c/o Claudia Stine

Suite, Apt. #, etc.
2814 SW 4th Street

Suite, Apt. #, etc.
2814 SW 4th Street

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number **59-2099391**

Applied For
Not Applicable

Zip
33435

Country
USA

Zip
33435

Country
USA

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

HAYDEN-PLESS, KIMBERLY
805 XANADU PL
2262 PRAIRIE VIEW DR
LOXAHATCHEE FL 33470

Name **Claudia Stine**
Street Address (P.O. Box Number is Not Acceptable)
~~2814 SW 4th Street~~
City **Boynton Beach** **FL** Zip Code **33435**

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 *Claudia Stine* **Claudia Stine, Treas.**

4/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 NAME STREET ADDRESS CITY-ST-ZIP	TD STINE, CLAUDIA 2814 S.W. 4TH STREET BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYDEN, KIM 2262 PRARIE VIEW DRIVE LOXAHATCHEE FL 33430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GROSS, SIOBHAN 1090 EGRET CIRCLE-N JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GITLITZ, DENA 140 BARBADOS DR JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *Claudia Stine* **CLAUDIA STINE, Treas.**

4/14/03

CR2E037 (4/02)