

3/8.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90106 003 ****61.25

DOCUMENT # 758700

1. Entity Name

CONCERNED PERSONS FOR CLIENTS AT WORK ORIENTED R

Principal Place of Business

1100 JIMMY ANN DR
 DAYTONA BEACH FL 32117
 US

Mailing Address

1565 AIRPORT ROAD
 ORMOND BEACH FL 32174
 US

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

59-2942208

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

JUDY HALL
 1565 AIRPORT ROAD
 ORMOND BEACH FL 32174

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.

SIGNATURE

Signature, typed or printed name of registered agent and use 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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
 NAME **PEGGY, LOVING**
 STREET ADDRESS **63 CLUBHOUSE BLVD**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **PD** ☐ Delete
 NAME **JUDY, HALL**
 STREET ADDRESS **1565 AIRPORT ROAD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **SD** ☐ Delete
 NAME **HEIDEMANN, DAVID**
 STREET ADDRESS **737 N. CLARA AVE**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **SD** ☐ Change ☐ Addition
 NAME **SECRETARY**
 STREET ADDRESS **PATRICIA A. POSSENTI**
 CITY-ST-ZIP **809 PINE TREE CT.**
PORT ORANGE FL 32127-4871

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

904-672-2152

Daytime Phone #

CR2E037 (10/00)