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

DOCUMENT # 761105

1. Entity Name



Jan 27, 2003 8:00 am **Secretary of State**

FILED

01-27-2003 90351 020 ****70.00

| PRISON REHAE ENTERPRISES | | ies and diversified | | | | | | |
|---|---------------------------------------|--|---------------------------------|--|---|-------------------------------|--|--|
| Principal Place of Bu 12425 28TH ST N SUITE 103 ST PETERSBURG FL 3 US | | Mailing Address 12425 - 28TH ST N ST PETERSBURG FL 337 US | 716 | | | 1811 BIBH BIBH BIBH 1881 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | /F/I F/O// O/F// A/F// 1001 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-2167018 | | | |
| Zip | Country | Zip | p Country | | | B.75 Additional e Required | | |
| 6. 1 | Name and Address of Curr | | | 7. Name and Address of New Registered Agent | | | | |
| BREWTON, WIL 225 SOUTH AD SUITE 250 | Bur E. Ams street | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| TALLAHASSEE FL 32301 | | | City | City FL Zip C | | | | |
| 8. The above named the obligations of | | nt for the purpose of changing | its registered office or r | egistered agent, or both, in th | e State of Florida. I am fan | niliar with, and accept | | |
| SIGN FURE | typed or printed name of registered a | agent and title if applicable. (No | OTE: Registered Agent signature | raquired when reinstating) | DATE | <u> </u> | | |
| FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con | | | ampaign Financing | \$5.00 May Be Added to Fees | Make Check I Florida Departm | | | |
| 10. OFFICERS AND DIRECTORS 1 | | | 11. | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE CD | 144514 0 | ☐ Delete | TITLE | | | Change | | |

LEIVA, MARIA C NAME STREET ADDRESS STREET ADDRESS 1550 MADRYGA AVE STE 406 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 B CEO ☐ Addition ☐ Delete TITLE Change TITLE DAVIS, PAMELA J NAME NAME STREET ADDRESS 12425 - 28TH ST N STREET ADDRESS 33716 CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL Change ☐ Addition Delete TITLE TITLE HUFF, JAMES E NAME NAME STREET ADDRESS 8465 OLD DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WABASSO FL 32970 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALVAREZ, MARCELO A NAME NAME STREET ADDRESS 777 BRICKELL AVE STE 1150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition Delete TITLE TITLE MELLEM, KENNETH L. NAME NAME 7856 BAYOU KLUB BLVO STREET ADDRESS STREET ADDRESS LANGO, FL 33777 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete HAMSLION, LAWRENCE W. 5350 TECH DATA DIEUR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33760

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 disterempowered 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:

127-556-3366

Daytano Pitorie #

NOT-FOR-PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNIFORM BUSINESS REPORT (UBR) DOCUMENT #(761105) PASSON REHABILITATIVE INDUSTRIES AND DEUTENSTETED ENTERPRISES INC. DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 28th St. N 12425 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 103 City & State Applied For 59-2167018 ETENSBURG Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. TILE DRESSER WILLTAM 6. 192 St. GEORGE COURT NAME NAME STREET ADDRESS STREET ADDRESS DACKSONUFILE BEACH, FC 32250 CITY-ST-ZIP CITY-SY-ZIP TITLE TITLE HANAS, RICHARD L. 1975 W SR 476 OUTEDO, FL NAME STREET ADDRESS STREET ADDRESS 32765 CITY-ST-ZIP CITY - ST- ZIP TITLE HILL, WALTER B. --NAME NAME 611 NEW WARATNETON RO. STREET ADDRESS STREET ADDRESS DO NOT WRITE PENSACOLA, FL 32506 CITY ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE MOORE, MECUAEL W. 2601 BLAFA STONE ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32399 CITY - ST - ZIP TITLE PEODTE, EDWARD C. 4500 SUTTE SOO NAME STREET ADDRESS STREET ADDRESS MIAME, EL 33165 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SPALDING, CAROL S. 1968 LANGO PLACE NAME NAME STREET ADDRESS STREET ADDRESS 2 D D 01 CITY-ST-ZiP 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 on an attachment with an address, with all other like empowered.



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

| DOCL | JMENT # (761105) | | | | | | | |
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| 1. Entity Na | | TANDETTES A. | Ma | | | | | |
| 1 | n rehabilitation Ensteted Entenpa | | | | | | 470 | |
| | | | | | | | 1850 | |
| | DO NOT WRITE | 9001535U | | | | | | |
| 是接触 | | | · · · · · · · · · · · · · · · · · · · | · | | | • | |
| 2. Principal | Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. SUITE 103 | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State ST PETENSBUNG FL | | City & State | | | 4. FEI Number Applied For S9 - 2167018 Not Applicable | | | |
| 3371 | Country | Zip | Count | lry | 5. Certificate of | Status Desired . [] | \$8.75 Additional Fee Required | |
| RAPINA. | A Committee of the Comm | | | Name | 7. Name and Ad | fress of Current Registered | I Agent | |
| | DO NOT W | RITE | - | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | IN THIS SP | ACE | | | | | | |
| | | | | City | | FL | Zip Code | |
| | e named entity submits this statement for tions of registered agent. | the purpose of changing its i | registered | office or registere | ed agent, or both, | in the state of Florida. I am fa | emiliar with, and accept | |
| the obliga | gons of registered agon. | | | | | | \ | |
| SIGNATURE | Signature, typed or printed name of registered agent an | d little if applicable. (NOTE | Ragistered A | gent agnature required w | vhen reinstating) | DATE | | |
| | | | | | | | | |
| | FEE'IS \$61.25 / Initial or Amended UBR | 9. Election Cam Trust Fund Co | | · ' | \$5.00 May Be Added to Fees | Make Check Florida Depart | | |
| 10. | OFFICERS AND DIRE | CTORS | 10 A 10 A | | | | | |
| TITLE NAME | STEPHENSON, GWENI | OULYN W. | TITLE | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 39 COLUMBEA DA | 33631 | STREET A | | | | 0 | |
| TITLE | TAMPA, FL | | TITLE | - 2.6 | | | | |
| NAME STREET ADDRESS | NAME WALLACE, DERRECK D. | | NAME STREET ADDRESS | | | <u> </u> | | |
| CITY-S1-ZIP | ORIANDO, FL | 32811 | CITY-ST- | l l | | | | |
| TITLE NAME | RAUGES JOHN | _ | TITLE NAME 2 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | BRUELS, JOHN 13435 2016 ST. N. ST. PETERSBURG, FL | , susate-103 33016 | STREET A | | DO | NOT WRIT | | |
| TITLE | V | 3 3.416 | TITLE | Lif | | The second secon | | |
| NAME STREET ADDRESS | SMETH, ROBERT M. 12435 284 ST. N. | SUETE 103 | NAME STREET A | nnress . | IIA | THIS SPAC | | |
| CITY-ST-ZIP | ST. PETELS BULL F | | CUA-21- | - (| | | | |
| TITLE | FOGEMON, JACK | | TITLE | | | | | |
| NAME STREET ADDRESS | 13435 384 St. N. | | STREET A | | | | | |
| CITY-ST-ZIP | ST. PETRASBURG FO | _ 33716 | CITY-ST- | ZíP | | ter Die Willeberg Kong. | | |
| TITLE NAME | HARBEN, FOSTER | _ | TITLE NAME | ; | | | | |
| STREET ADDRESS CITY-ST-ZIP | TREET ADDRESS 17475 76+4 St. N. , SUTTE 103 | | | DORESS Zip | | | | |
| 12. Thereby o | certify that the information supplied with th | is filing does not qualify for th | he exempt | ion stated in Secti | on 119.07(3)(i), FI | orida 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 on an attachment with an address, with all other like empowered. | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylsre Place # | | | | | | | | |