

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 011 ***150.00

DOCUMENT # F01000004408

1. Entity Name

**SOUTHERN HEALTH & HOUSING SERVICES
FOR THE ELDERLY, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O CHARLES T. SPARKS

Suite, Apt. #, etc.

6481 SPARTINA CIRCLE

City & State

JUPITER, FL.

Zip

33458

Country

USA

3. Mailing Address

C/O CHARLES T. SPARKS

Suite, Apt. #, etc.

6481 SPARTINA CIRCLE

City & State

JUPITER, FL.

Zip

33458

Country

USA

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4. FEI Number

63-0987410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VELASCO, DENNIS

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

8406 WEST GULF BLVD.

City

TREASURE ISLAND

FL

Zip Code

33706

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD SPARKS, CHARLES T. 6481 SPARTINA CIRCLE JUPITER, FL. 33458
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FORTE, DENNIS 313 WEST RIVERWOOD DRIVE NEW HOPE, PA. 18938
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MORRIS, SALLY 720 S.R. 52
TITLE NAME STREET ADDRESS CITY- ST- ZIP	HUDSON, FL. 34667 AS VELASCO, DENNIS 8406 WEST GULF BLVD.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREASURE ISLAND, FL. 33706
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Charles T. Sparks **CHARLES T. SPARKS** 2/26/03 561-748-4092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)