2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 ams Secretary of State DOCUMENT # F9800001815 05-18-2001 91565 035 ****61.25 21ST CENTURY LIFE SKILLS, INC. Principal Place of Business Mailing Address 2520 SW DANBURY LANE 2520 SW DANBURY LANE PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 11-3368760 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHAMBERS, JOSEPH P JR. 2520 SW DANBURY LANE PALM CITY FL 34990 Zip Code City 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 red Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CPT ☐ Addition Delete TITLE DITE CHAMBERS, JOSEPH P JR. NAME NAME STREET ADDRESS 2520 SW DANBURY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ☐ Addition TITLE ☐ Delete TITLE CHAMBERS, KENNETH A NAME NAME STREET ADDRESS 1546 AUGUST RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BABYLON NY 11703 Addition Change TITLE Delete TITLE MUSUMECI, FATHER JAMES NAME NAME STREET ADDRESS STREET ADDRESS ST. MEL'S PARISH, 28-20 154TH ST. CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY 11354 TITLE ☐ Delete TITLE SEPENNY STREET WEST ISLIP N.Y. 11795 ANDERSON, KATHY A NAME NAME STREET ADDRESS 58 PENNY ROAD STREET ADDRESS CITY-ST-ZIP **ISLIP NY 11795** CITY-ST-ZIP ☐ Delete TITLE FELDMAN, ARTHUR NAME NAME STREET ADDRESS 175 S.E. ST. LUCIE BLVD STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition HANDSHAW, GORDON NAME NAME

FILED

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

92 HENEARLY DR.

MILLER PLACE NY 11764

STREET ADDRESS

CITY-ST-ZIP

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