


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90370 001 \*\*\*\*\*8.75  
04-09-2003 90370 002 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # H72046</b>			
1. Entity Name <b>NORTH FLORIDA LIVING FACILITIES INCORPORATED</b>			
Principal Place of Business <b>3314 PARAZINE AVE PENSACOLA FL 32514 US</b>		Mailing Address <b>3314 PARAZINE AVE PENSACOLA FL 32514 US</b>	
2. Principal Place of Business <b>3314 PARAZINE AVE</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PENSACOLA</b>		City & State <b>FL</b>	
Zip <b>32514</b>	Country <b>US</b>	Zip <b>32514</b>	Country <b>US</b>
4. FEI Number <b>59-2902460</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROBINSON, MARGOT 3314 PARAZINE AVENUE PENSACOLA FL 32514</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00* May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBINSON, MARGOT 3314 PARAZINE PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBINSON, WILEY J. 3314 PARAZINE AVE. PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROBINSON, STEPHEN M. 3314 PARAZINE AVE. PENSACOLA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR. RAWLS BETTY 513 W. GREGORY ST. PENSACOLA, FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wiley J. Robinson **TREAS.** 4-7-03 850-474-0645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)