

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am.
Secretary of State

05-12-2002 90570 004 ***150.00

DOCUMENT # K05403

1. Entity Name

INDIAN OAKS MANOR, INC.

Principal Place of Business

% PATRICK J. SHAUGHNESSY
P.O. BOX 1773
LARGO FL 34649-1773

Mailing Address

% PATRICK J. SHAUGHNESSY
P.O. BOX 1773
LARGO FL 34649-1773

2. Principal Place of Business

11355 131st St N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, Fl.

City & State

4. FEI Number

59-2860861

Applied For

Not Applicable

Zip

Country

33774

USA

Zip

Country

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

SHAUGHNESSY, PATRICK J.

44171 VALENTINE TRL.

LARGO FL 34644

46 N. Pine Circle
Belleair, Fl. 33756

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 Sheryl M. Haynes SHERYL M. HAYNES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS SHAUGHNESSY, PATRICK J.
CITY-ST-ZIP 46 NORTH PINE CIRCLE
BELLEAIR FL 33756

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

TITLE ☐ Delete
NAME STV
STREET ADDRESS HAYNES, SHERYL M
CITY-ST-ZIP 46 NORTH PINE CIRCLE
BELLEAIR FL 33756

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheryl M. Haynes SHERYL M. HAYNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 727-593-0403

CR2E034 (9/01)