

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019015

1. Entity Name

PREMIERE HOUSING TWENTY-NINE LIMITED COMPANY

Principal Place of Business

806 W. COLUMBUS DRIVE  
TAMPA FL 33602

Mailing Address

806 W. COLUMBUS DRIVE  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, JOHN M  
806 W. COLUMBUS DRIVE  
TAMPA FL 33602

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 *John M. Baker*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/22/02*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PROFESSIONAL REHAB INC.  
806 W. COLUMBUS DRIVE  
TAMPA FL 33602 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Professional Rehab Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90349 023 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)