

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004180

1. Entity Name

SENIOR HOUSING SERVICES, INC.

Principal Place of Business

201 WISELY WAY
RINGGOLD GA 30736

Mailing Address

201 WISELY WAY
RINGGOLD GA 30736

2. Principal Place of Business

2300 BETHELVIEW ROAD

Suite, Apt. #, etc.

SUITE 110-195

City & State

CUMMING GA

Zip

30040

Country

FLORIDA

3. Mailing Address

2300 BETHELVIEW ROAD

Suite, Apt. #, etc.

SUITE 110-195

City & State

CUMMING GA

Zip

30040

Country

FLORIDA

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90033 049 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2557553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARKS, JAMES
2503 CHESTERFIELD DR.
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAIR, JOE B
201 WISELY WAY
RINGGOLD GA 30736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAIR, MELANIE
201 WISELY WAY
RINGGOLD GA 30736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIXON, CHARLES R
3660 BURNT BRIDGE RD.
CUMMING GA 30040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ 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 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.

SIGNATURE:

Charles R. Nixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. NIXON

3-16-01

Date

678-455-1110

Daytime Phone #

CR2E037 (10/00)

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