

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91137 015 ****61.25

DOCUMENT # N00000004380

1. Entity Name

HOME REHABILITATION AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**2940 GRADY ROAD
 TALLAHASSEE FL 32312**

**2940 GRADY ROAD
 TALLAHASSEE FL 32312**

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

59-3658426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, M. MIAISHA
 2940 GRADY ROAD
 TALLAHASSEE FL 32312**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** Delete
 NAME **MITCHELL, M. MIAISHA**
 STREET ADDRESS **2940 GRADY ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** Delete
 NAME **INMAN-CREWS, DOROTHY**
 STREET ADDRESS **P.O. DRAWER 1775**
 CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **D** Change Addition
 NAME **INMAN-JOHNSON, DOROTHY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DM** Delete
 NAME **HILL, OLIVER SR.**
 STREET ADDRESS **1700-165 JOE LOUIS ST.**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **D** Change Addition
 NAME **HILL, OLIVER SR**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Delete
 NAME **WILLIAMS, JENNIFER**
 STREET ADDRESS **1700-165 JOE LOUIS ST.**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **D/T** Change Addition
 NAME **TOM TRAPANE**
 STREET ADDRESS **3213 BIG OAK ST**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **M** Delete
 NAME **FREGLY, TERRANCE**
 STREET ADDRESS **P.O. BOX 3886**
 CITY-ST-ZIP **TALLAHASSEE FL 32315**

TITLE **D** Change Addition
 NAME **ANESHIA HAMP**
 STREET ADDRESS **1700-135 JOE LOUIS ST**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **M** Delete
 NAME **KETCHAM, PATTI E**
 STREET ADDRESS **1203 THOMASVILLE RD.**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** Change Addition
 NAME **DAN ISAACS**
 STREET ADDRESS **431 WAVERLY RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

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: *Thomas Trapane* **THOMAS TRAPANE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (850) 385-6126
 Date Daytime Phone #

CR2E037 (9/01)