

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005211

1. Entity Name

SAFE AND SECURE RESPITE CARE, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90063 018 ****61.25

Principal Place of Business

Mailing Address

3091 SKYLINE DR.
CRESTVIEW FL 32539

3091 SKYLINE DR.
CRESTVIEW FL 32539

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

59-3700725

Applied For

Not Applicable

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

TINGLE, DONIVON C ESQ.
3091 SKYLINE DR.
CRESTVIEW FL 32539

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	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
	TINGLE, SANDRA A	535 STAHLMAN AVE.	DESTIN FL 32541	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TINGLE, DONIVON C	3822 MISTY WAY	DESTIN FL 32541	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TINGLE, JACOB D	310 SIKES CIR.	FT. WALTON BCH FL 32548	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

850-423-1228

Date

Daytime Phone #

CR2E037 (9/01)