## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000007226

1. Entity Name

SIGNATURE:

## BEACH WILDLIFE REHAB CENTER, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90854 001 \*\*\*\*8.75 04-07-2003 90854 002 \*\*\*\*61.25

321-780-

Principal Place of Business 185 EDEN AVE. SATELLITE BCH FL 32937		Mailing Address 185 EDEN AVE. SATELLITE BCH FL 32937			į			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		- Telephone - Tele	4. FEI Number 31-	-1797360		pplied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
GILBERT, 185 EDEN SATELLIT	Street Address (P.O. Box Number is Not Acceptable)  City							
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  City  FL  Zip Code  1 am familiar with, and accept the obligations of registered agent.								
Tru			Registered Agent signal paign Financing ontribution.		\$5.00 May Be Added to Fees	Make Check	tment of S	State
10.	OFFICERS AND DIR		11.			S TO OFFICERS AND DI		
NAME STREET ADDRESS CITY-ST-ZIP	CRUMIT, MARK A 1814 HEARTWELLVILLE ST. NW PALM BAY FL 32907	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UA12 185	ICCTOR PSTAL LEE EDEN P TELVITE	301	□ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D LUSZCZYK, GEORGE 453 LAUREL COURT SATELLITE BEACH FL 32937	Delete بر المحجمة م	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second of the second o	era ar or or oggiv .	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST L <del>uszczyk, George</del> 310 Sea Park BLVD. Satellite BCH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	310	METAROL TA THIA YOU SEA PAR TELLITE B	NG -	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, DEAN 265 PARK AVE. SATELLITE BEACH FL 32937	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition .
	PD OLIVER, BONNIE 69 BLUEBIRD BLVD. INDIAN HARBOUR BEACH FL 329:	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	D OLIVER, BONNIE 69 BLUEBIRD BLVD INDIAN HARBOUR BEACH FL 3293	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ 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.								