

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90232 001 \*\*\*\*61.25

**DOCUMENT # NO1000001589**

1. Entity Name

**ALL IN ONE ELDERCARE & ASSISTANT LIVING, INC.**



Principal Place of Business

**761 KEMPTON ST NW  
PALM BAY FL 32907**

Mailing Address

**761 KEMPTON ST NW  
PALM BAY FL 32907**

2. Principal Place of Business

3. Mailing Address

**18-N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4423646**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOWINS, TON'JAS  
761 KEMPTON ST NW  
PALM BAY FL 32907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ton'Jas Gowins*

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **GOWINS, TON'JAS**  
STREET ADDRESS **761 KEMPTON ST NW**  
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete  
NAME **LEWIS, JOHN M.**  
STREET ADDRESS **1001 N TWIN CREEK DR**  
CITY-ST-ZIP **KILLEEN TX 76543**

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

TITLE **D** ☒ Delete  
NAME **SHARIF, MUSTAFA A**  
STREET ADDRESS **761 KEMPTON ST NW**  
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete  
NAME **Kelvin Lamar**  
STREET ADDRESS **Error**  
CITY-ST-ZIP

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

TITLE **D** ☒ Delete  
NAME **Crawford, Kelvin L.**  
STREET ADDRESS **761 Kempton St. NW**  
CITY-ST-ZIP **Palm Bay, FL 32907**

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

TITLE **D** ☐ Delete  
NAME **Gowins, Melanie**  
STREET ADDRESS **806 Poplar Lane**  
CITY-ST-ZIP **Melbourne, FL 32901**

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

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:

*Melanie Gowins*

**4/15/03**

CR2E037 (10/02)