

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 027 ****70.00

DOCUMENT # *N44208*

1. Entity Name

Adult Comprehensive Protection Services, Inc.



DO NOT WRITE IN THIS SPACE

44026974

2. Principal Place of Business

8130 66th St N

3. Mailing Address

Same

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

City & State

Pinellas Park FL

City & State

4. FEI Number

59-3107054

Applied For

Not Applicable

Zip

33781

Country

US

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Gabrielle Ayala

Street Address (P.O. Box Number is Not Acceptable)

8130 66th Street N

City Pinellas Park

FL

Zip Code
33781

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

April 7, 2004

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gabrielle Ayala 8130 77th St N Pinellas Park FL 33721	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Candy Olson, C 2632 Prospect Rd Tampa FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Honorable Charlotte W Anderson 800 East Kennedy, Ste 200 Tampa FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Honorable Thomas DeCesare, S 15316 Gulf Blvd #802 Madeira Beach FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neil Hance RN, MBA, M St Anthony's Hospital 1200 7th Ave N St Petersburg FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev James Holmes, M 3819 Horatio, #4 Tampa FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, or all other like empowered.

SIGNATURE:

Gabrielle Ayala Gabrielle Ayala

April 7 2004 727 547 8676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

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Attachment
N44208
44026974

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Vice Chairperson

Mary Lynn Ulrey, ARNP
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Treasurer