

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90238 014 ****70.00

DOCUMENT # N44208

1. Entity Name

ADULT COMPREHENSIVE PROTECTION SERVICES, INC.



Principal Place of Business

8130-66 ST N
SUITE 12
PINELLAS PK FL 33781
US

Mailing Address

8130-66 ST N
SUITE 12
PINELLAS PK FL 33781
US

90021785



☐ CHECK HERE IF MAKING CHANGES

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 **59-3107054**

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

ALLAN, LINDA R. *Gabrielle Ayala*
6675 13TH AVENUE NORTH *8130 66th Street North*
SUITE ~~20~~ 12
ST. PETERSBURG FL ~~33710~~ 33781

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03.

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 | S President | <input type="checkbox"/> Delete |
| NAME | WRIGHT, KEHIA <i>Gabrielle Ayala</i> | <input checked="" type="checkbox"/> Same |
| STREET ADDRESS | 8130 68TH STREET NORTH 12 | |
| CITY-ST-ZIP | PINELLAS PARK FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARLSON, CHARLES | |
| STREET ADDRESS | 601 BAYSHORE BLVD #700 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | DALAN, RICK | |
| STREET ADDRESS | 2633 MCCORMICK DR STE 101 | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SIMPSON, RONALD | |
| STREET ADDRESS | 11015 128TH AVENUE NORTH | |
| CITY-ST-ZIP | LARGO FL 33544 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DILLINGER, KAY | |
| STREET ADDRESS | 7842 COUNTRY CLUB RD. NORTH | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33710 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Roger Francis | |
| STREET ADDRESS | 7050 Sunset Drive So., #1410 | |
| CITY-ST-ZIP | South Pasadena FL 33707 | |

| | | |
|----------------|---|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gabrielle Ayala | |
| STREET ADDRESS | 8130 66th Street North, Suite 12 | |
| CITY-ST-ZIP | Pinellas Park FL 33781 | |
| TITLE | D Steve Friedman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steve Friedman | |
| STREET ADDRESS | 220 W. Brandon Blvd | |
| CITY-ST-ZIP | Brandon FL 33511 | |
| TITLE | Paul Scherer (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul Scherer | |
| STREET ADDRESS | 2255 5th Ave No | |
| CITY-ST-ZIP | St. Petersburg FL 33713 | |
| TITLE | Karen Reich (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Karen Reich | |
| STREET ADDRESS | 1200 7th Avenue North | |
| CITY-ST-ZIP | St. Petersburg 33705 | |
| TITLE | (D) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Diane Sutton, MD | |
| STREET ADDRESS | 6077 13th Ave No, Suite 3D | |
| CITY-ST-ZIP | St. Petersburg FL 33710 | |

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 REQUIRED

1/24/03

7245478676

CR2E037 (10/02)