2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-30-2001 90174 029 ****61.25

DOCUMENT # N96000005931

1. Entity Name

DISABLED ASSISTING DISABLED, INC.

Principal Place of Business
5115 N.W. 28TH AVE.
FORT LAUDERDALE FL 33309

Mailing Address
5115 N.W. 28TH AVE.
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6103 UMBRELLA TREE LANE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State: TAMARAC, FL.
Zip: 33319
Country: BROW

City & State
Zip
Country

4. FEI Number 65-0725373 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM J NORKUNAS
5115 NW 28TH AVE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: WILLIAM NORKUNAS
Street Address (P.O. Box Number is Not Acceptable): 6103 UMBRELLA TREE LANE
City: TAMARAC FL Zip Code: 33319

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: William J Norkunas — WILLIAM NORKUNAS — January 21, 2001
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	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	DECOSTE, LINDA M	NAME	ARTHUR BRADBURY
STREET ADDRESS	26719 N.W. 51 PLACE	STREET ADDRESS	5642 N.E. 17 TERRACE
CITY-ST-ZIP	TAMARAC FL 33309	CITY-ST-ZIP	FT. LAUDERDALE, FL. 33334
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MOORE, ANDREA ESQ	NAME	JACK MOSS
STREET ADDRESS	10665 N.W. 7 PLACE	STREET ADDRESS	4040 WEST PALM AIRE DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	POMPANO BEACH, FL. 33069
TITLE	P/D ☐ Delete	TITLE	P/D ☒ Change ☐ Addition
NAME	NORKUNAS, WILLIAM J	NAME	WILLIAM NORKUNAS
STREET ADDRESS	5115 N.W. 28TH AVE.	STREET ADDRESS	6103 UMBRELLA TREE LANE
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	CITY-ST-ZIP	TAMARAC, FL. 33319
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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: William J Norkunas — WILLIAM NORKUNAS — 1-21-01 — 954-484-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #