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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6103 UMBRELLA TREE LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL.	City & State:
Zip: 33319 Country: BROW	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	7. Name and Address of New Registered Agent
WILLIAM J NORKUNAS 5115 NW 28TH AVE FT LAUDERDALE FL 33309	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECOSTE, LINDA M 26719 N.W. 61 PLACE TAMARAC FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARTHUR BRADBURY 5642 N.E. 17 TERRACE FT. LAUDERDALE, FL. 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ANDREA ESQ 10665 N.W. 7 PLACE CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK MOSS 4040 WEST PALM AIRE DRIVE POMPANO BEACH, FL. 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D NORKUNAS, WILLIAM J 5115 N.W. 28TH AVE. FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WILLIAM NORKUNAS 6103 UMBRELLA TREE LANE TAMARAC, FL. 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #