

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90019 010 \*\*\*150.00

**DOCUMENT # P00000009527**

1. Entity Name

**COMMUNITY ADDICTION SERVICES, INC.**

Principal Place of Business

~~1866 TUDOR RD.~~  
**NORTH PALM BEACH FL 33408**

Mailing Address

~~1866 TUDOR RD.~~  
**NORTH PALM BEACH FL 33408**

2. Principal Place of Business

**118 SATINWOOD LN.**  
 Suite, Apt. #, etc.

3. Mailing Address

**118 SATINWOOD LANE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**65-0993523**

Applied For

Not Applicable

Zip **33410**

Country

**USA**

Zip

**33410**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEROLA, JAMES R.**  
**57E 204, 11380 PROSPERITY FARMS RD.**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **STANLEY M. MCKNIGHT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**118 SATINWOOD LANE**  
 City **Palm Beach Gardens FL** Zip Code **33410**

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

*Stanley M. McKnight*  
 Signature, typed or printed name of registered agent and title if applicable.

**STANLEY M MCKNIGHT PRESIDENT 4/25/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **MCKNIGHT, STANLEY M**  
 STREET ADDRESS ~~1866 TUDOR RD.~~ **118 SATINWOOD LN.**  
 CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~ **Palm Beach Gardens, FL 33410**

TITLE **D** ☐ Delete  
 NAME **MCKNIGHT, MARGUERITE D**  
 STREET ADDRESS ~~1866 TUDOR RD.~~ **118 SATINWOOD LN.**  
 CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~ **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley M. McKnight*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(561) 308-7515**

**4/25/02**

Daytime Phone #

CR2E034 (9/01)