

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90140 041 ***150.00

DOCUMENT # P00000009527

1. Entity Name
COMMUNITY ADDICTION SERVICES, INC.



Principal Place of Business
**118 SATIN WOOD LN
WEST PALM BEACH FL 33410**

Mailing Address
**118 SATIN WOOD LN
WEST PALM BEACH FL 33410**



2. Principal Place of Business
118 SATINWOOD LN.
Suite, Apt. #, etc.

3. Mailing Address
118 SATINWOOD LN.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALE BEACH GARDENS, FL
Zip
33410
Country
USA

City & State
PALE BEACH GARDENS, FL
Zip
33410
Country
USA

4. FEI Number
65-0993523

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKNIGHT, STANLEY
118 STAIN WOOD LANE
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
☐ Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKNIGHT, STANLEY M	
STREET ADDRESS	118 SATINWOOD LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKNIGHT, MARGUERITE D	
STREET ADDRESS	118 SATIN WOOD LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: Stanley M McKnight **4/8/03 (561) 627-7519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **DAYTIME PHONE #**

CR2E034 (10/02)