

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90132 009 ***150.00

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1. Entity Name

HOME ALONE OF LONGBOAT KEY, INC.



Principal Place of Business
**5620 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

Mailing Address
**5620 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address
P.O. Box 244

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Longboat Key, FL

4. FEI Number **65-1021147**

Applied For

Not Applicable

Zip

Country

Zip
34228

Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WASSER, GARY
5620 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name
SUSAN BARRETT HECKER
Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH ORANGE AVE.

City **SARASOTA** FL Zip Code **34236**

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 **SUSAN BARRETT HECKER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WASSER, GARY**
STREET ADDRESS **5620 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete
NAME **HARDY, BOBBY**
STREET ADDRESS **5620 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete
NAME **ROEHLIG, DAVID**
STREET ADDRESS **5620 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☒ Addition
NAME **WASSER, GARY**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Change ☒ Addition
NAME **HARDY, BOBBY**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Change ☒ Addition
NAME **ROEHLIG, DAVID**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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: **GARY WASSER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)