

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 11, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000087548

1. Entity Name
HABILITATIVE SERVICES GROUP, INC.

Principal Place of Business
12157 LINEBAUGH AVENUE
#191
TAMPA FL 33626

Mailing Address
12157 LINEBAUGH AVENUE
#191
TAMPA FL 33626

2. Principal Place of Business
600 BYPASS DRIVE

3. Mailing Address
600 BYPASS DRIVE

Suite, Apt. #, etc.
SUITE 217

Suite, Apt. #, etc.
SUITE 217

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33764

Zip
33764

4. FEI Number ☒ Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

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.

SIGNATURE _____ DATE 09/11/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33626	Delete
		ROBINSON	JEAN F	12157 LINEBAUGH AVENUE #191			<input type="checkbox"/>
				TAMPA			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33764	Change	Addition
		ROBINSON	JEAN F	600 BYPASS DRIVE; SUITE 217			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				CLEARWATER			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: Jean F. Robinson

PSTD 09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)