

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000106094**

1. Entity Name

FORD REHAB OF VENICE INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 3:36

978854



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2808 TUSKET AVE.
NORTH PORT FL 34286

Mailing Address

2808 TUSKET AVE.
NORTH PORT FL 34286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE# Number

65-1059407

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FORD, DEE A
2808 TUSKET AVE.
NORTH PORT FL 34286DANIEL PREWETT
5777 BENEVA ROAD S.
SARASOTA, FL 34293

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

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

(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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PETER FORD President ☐ Delete
2808 TUSKET AVE
NORTH PORT, FL 34286TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEE ANN FORD VP/Sec. ☐ Delete
2808 TUSKET AVE
NORTH PORT, FL 34286TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another like empowered.

SIGNATURE: **REINSTATEMENTS REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
978852/

September 10, 2001

Florida Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Ford Rehab of Venice Inc.
P00000106094

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. In early 2001, shortly after incorporating in 2000, we changed accountants and never received the renewal notice for tax year 2001.

Our new accountant brought to our attention the need to file our Annual Report, while he was performing an audit on our records. We obtained the enclosed form from our previous accountant. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,

Peter Ford

Peter Ford, President

Enclosure