

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90021 030 ***150.00

DOCUMENT # P00000106094

1. Entity Name
FORD REHAB OF VENICE INC.

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

245 S. Tamiami Trail

3. Mailing Address

245 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Venice, FL.

City & State
Venice, FL.

4. FEI Number **65-1059407**

Applied For
Not Applicable

Zip **34285** **Country** **USA**

Zip **34285** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWETT, DANIEL
5777 BENEVA ROAD S
SARASOTA FL 34233

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **FORD, PETER**
STREET ADDRESS **2808 TUSKET AVE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **PT** ☒ Change ☐ Addition
NAME **Ford, DeeAnn**
STREET ADDRESS **2808 Tuskett Ave.**
CITY-ST-ZIP **North Port, FL. 34286**

TITLE **VS** ☐ Delete
NAME **FORD, DEEANN**
STREET ADDRESS **2808 TUSKET AVE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **VS** ☒ Change ☐ Addition
NAME **Ford, Peter**
STREET ADDRESS **2808 Tuskett Ave.**
CITY-ST-ZIP **North Port, FL. 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: *Peter Ford* **SIGNATURE REQUIRED** **Peter Ford / PT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 **941/484-5668**
 Date Daytime Phone #

CR2E034 (9/01)