

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106094

1. Entity Name
FORD REHAB OF VENICE INC.



Principal Place of Business
245 S. TAMiami TrL
VENICE FL 34285

Mailing Address
245 S. TAMiami TrL
VENICE FL 34285

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90047 012 ***150.00

011583 AV



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2203 Tamiami Trail

3. Mailing Address
2203 Tamiami Trail

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Venice, Florida

City & State
Venice, Florida

Zip
34293

Country
USA

Zip
34293

Country
USA

4. FEI 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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VS
NAME Ford, Peter ☒ Change ☐ Addition
STREET ADDRESS 2203 Tamiami Trail, Suite 1
CITY-ST-ZIP Venice, FL 34293

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

TITLE PT
NAME Ford, DeeAnn ☒ Change ☐ Addition
STREET ADDRESS 2203 Tamiami Trail, Suite 1
CITY-ST-ZIP Venice, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature] **SIGNATURE REQUIRED**

8-15-03

941/493-3083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80139651

#P000000106094

Ford Rehab of Venice, Inc.
2203 Tamiami Trail, Suite 1
Venice, Fl. 34293

August 15, 2003

To whom it may concern:

Please accept this letter with attached address as verification to our tardiness on our UBR filing. We moved and did not get the first report and even the second report did not reach our office until August 14, 2003. If there should be any problems with this letter and the filing fee, please do not hesitate to phone my office at 941/493-3083.

Sincerely,



DeeAnn Ford
President