

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-13-2001 90064 029 ***150.00

DOCUMENT # P00000117476

1. Entity Name

SUTTON ADULT CARE, INC.

Principal Place of Business

**2079 BECKWITH AVE
 SPRING HILL FL 34608**

Mailing Address

**23 EAST TARPON AVE
 TARPON SPRINGS FL 34689**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2079 BECKWITH AVENUE

Suite, Apt. #, etc.

City & State

SPRING HILL, FL 34608

Zip

Country

4. FEI Number

59-3687609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KLIMS, GEORGE N
 23 EAST TARPON AVE
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

SUTTON, HELEN A.

Street Address (P.O. Box Number is Not Acceptable)

2079 BECKWITH AVENUE

City

SPRING HILL

FL

Zip Code

34608

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

HELEN A. SUTTON

Signature, typed or printed name of registered agent, and date (if applicable)

(NOTE: Registered Agent signature required when reappointing)

2-10-01

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, 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 **D** ☐ Delete

NAME **SUTTON, HELEN A.**
 STREET ADDRESS **2079 BECKWITH AVE**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S/T** ☐ Change ☐ Addition

NAME **SUTTON, HELEN A.**
 STREET ADDRESS **2079 BECKWITH AVENUE**
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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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: *HELEN A. SUTTON*

HELEN A. SUTTON

2-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)