

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90262 010 ***150.00

DOCUMENT # P01000016491

1. Entity Name
TRANSITIONAL SERVICES, INC.

Principal Place of Business
2940 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
2940 SOUTH TAMiami TRAIL
SARASOTA FL 34239

2. Principal Place of Business
1776 Ringling Boulevard
 Suite, Apt. #, etc.

3. Mailing Address
1776 Ringling Boulevard
 Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip
34236

Country
USA

Zip
34236

Country
USA

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

7. Name and Address of New Registered Agent

KIRTLEY, WILLIAM T
~~2940 SOUTH TAMiami TRAIL~~
~~SARASOTA FL 34239~~

Name

Street Address (P.O. Box Number is Not Acceptable)
1776 Ringling Boulevard

City
Sarasota

FL

Zip Code
34236

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 *William T. Kirtley*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **KIRTLEY, WILLIAM T**
STREET ADDRESS ~~2940 SOUTH TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA FL 34239~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1776 Ringling Boulevard**
CITY-ST-ZIP **Sarasota, Florida 34236**

TITLE **VT** ☐ Delete
NAME **ABEL, ROBERT B**
STREET ADDRESS **333 GIVENS STREET**
CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: *William T. Kirtley*

WILLIAM T. Kirtley

04/30/02

941/366-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)