

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90261 039 \*\*\*150.00

**DOCUMENT # P01000026154**

1. Entity Name  
**THE CENTER FOR POSITIVE AGING, INC.**

Principal Place of Business

**1449 CRICKET HOLLOW LN  
 JACKSONVILLE FL 32259**

Mailing Address

**1449 CRICKET HOLLOW LN  
 JACKSONVILLE FL 32259**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13091 BRANCH VINE DR. N**

Suite, Apt. #, etc.

3. Mailing Address

**13091 BRANCH VINE DR. N.**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3709725**

Applied For

Not Applicable

Zip

**32246**

Country

**DUAL USA**

Zip

**32246**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUBBARD, KIM K  
 1106 PARK AVE  
 ORANGE FL 32073**

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 \$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

TITLE  Delete  
 NAME **D NICKENS, CARLOYN**  
 STREET ADDRESS **1449 CRICKET HOLLOW LN**  
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE  Delete  
 NAME **D YOUNG, GLENDA D**  
 STREET ADDRESS **13091 BRANCH VINE DR N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Glenda D Young  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 904-221-6838  
 Date Daytime Phone #

CR2E034 (9/01)