

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 019 ***150.00

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DOCUMENT # P01000039588

1. Entity Name

COMMUNITY CONNECTION SUPPORTED LIVING, INC. ✓



Principal Place of Business

2225 GLEN MIST DR.
VALRICO FL 33594

Mailing Address

2225 GLEN MIST DR.
VALRICO FL 33594

2. Principal Place of Business

1655 PORTSMOUTH LAKE DR.

Suite, Apt. #, etc.

3. Mailing Address

1655 PORTSMOUTH LAKE DR.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-3724300

Applied For

Not Applicable

Zip

33511

Country

HILLSBOROUGH

Zip

33511

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOHN T

2225 GLEN MIST DR.

VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

JOHN T. SMITH

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

1655 PORTSMOUTH LAKE DR.

City

BRANDON

FL

Zip Code

33511

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

John T. Smith

JOHN T. SMITH

4-27-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE PD
NAME SMITH, JOHN T
STREET ADDRESS 2225 GLEN MIST DR.
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JOHN T. SMITH
STREET ADDRESS 1655 PORTSMOUTH LAKE DR.
CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

John T. Smith JOHN T. SMITH

4-27-03

(813)643-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)