

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 008 ***150.00

DOCUMENT # P01000679644

1. Entity Name Elder Choice of Palm Beach, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

667 Sun Ray Court

Suite, Apt. #, etc.

3. Mailing Address

667 Sun Ray Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bouytton Beach, FL

City & State

Bouytton Beach, FL

4. FEI Number

65-1132602

Applied For

Not Applicable

Zip

33436

Country

U.S.

Zip

33436

Country

U.S.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jacqueline Scripa

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

667 Sun Ray Court

City

Bouytton Beach,

FL

Zip Code

33436

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 ~~President~~ P, T, S, D, C, M
NAME Jacqueline Scripa
STREET ADDRESS 14 East Garden Street
CITY-ST-ZIP Auburn, NY 13021

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STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)