2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000094501

1. Entity Name

BAKSHIS DISABILITY MANAGEMENT, INC.

FILED Jul 17, 2003 8:00 am Secretary of State

07-17-2003 90035 019 ***150.00

				<u> </u>						
Principal Plac	e of Busines:	\$	Mailing Addres	SS .			* 4			
489 WATERFORD CIR E			-489 WATERFORD CIR-E							
TARPON SPR	INGS FL 3468	8	TARPON SPRII	4GSTFL 34688						
Principal Place of Business 3. Mailing Address							DOLL CION ODNI ODIK BUKI ODIK	HARA DIAN BIRLI		
36.19			36181 8	6181 East take Rd						
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	<u>- </u>	₹ 0.150% USDE 15					
arrho			PMR	PMR ++ 295			CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State			4. FEI Number 59-3744229 Applied F			
Zip		Country	Zin YI	TWA 170 K	ountry				ot Applicable	
2.15				35		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Name and Add	ress of New Registered	Agent		
					Name	Name				
-	ROSEMAR				Street Address	(P.O. Box Number is N	lot Acceptable)			
	erford Cii	•								
TARPON :	Springs fi	L 34688								
					City		FI	Zip Code		
8. The above	named entity	y submits this statement fo	or the purpose of ch	anging its regis	tered office or regist	ered agent or both in		<u> </u>	and accept	
	ions of regist				tared office of region	orod agoric, or boar, in			and doodpt	
; SIGNATURE .		Somernd	125	hu			7-10	1-03		
<u> </u>	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Regis	tered Agent signature requir	ed when reinstating)	DATE			
, F	ILE NOW!!	! FEE IS \$550.00								
		, 2003 Fee will be \$750		•			Campaign Financing and Contribution.		0 May Be I to Fees	
Make Check	Payable to	Florida Department of	f State			l little	ind Contribution.		101663	
10.		OFFICERS AND	DIRECTORS	1	1.	ADDITIONS/CHA	NGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
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indicated on this report or 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 suppliemental 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:

STANDILLIPE RESIDENCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #