

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90172 036 ***150.00

DOCUMENT # P01000100818

1. Entity Name

PRIVATE DUTY AIDES INC.



Principal Place of Business

1494 WHITE PINE DR
 WELLINGTON FL 33414

Mailing Address

1494 WHITE PINE DR
 WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellington FL
 33414

Country

U.S.A

Wellington FL
 33414

Country

USA

4. FEI Number

65-1147420

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAKEMAN, SANDRA
 1494 WHITE PINE DR
 WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D BLAKEMAN, SANDRA M 1494 WHITE PINE DR WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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: *

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 5761-790-0857

Attachment

**Private Duty Aides, Inc.
1494 White Pine Drive
Wellington, FL 33414**

July 23, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document # P01000100818

1675814

To Whom It May Concern:

We are in receipt of the 2002 Uniform Business Report. This is the first report we have received. Since this is our first report we are filing, we respectfully request that you accept our check for \$150.00 to cover the 2002 filing fees. We do not understand why we did not receive the first notice.

Thank your for your consideration in this matter.

Sincerely Yours,



Sandra M. Blakeman
Private Duty Aides, Inc.
President