

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90079 032 ***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

4. FEI Number **65-1147420**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

-FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **BLAKEMAN, SANDRA M**
STREET ADDRESS **1494 WHITE PINE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

☐ Delete

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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:

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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80141368

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

August 19, 2003

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

RE: Document# P01000100818

To Whom It May Concern:

We are in receipt of the 2003 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 2003 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