

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90179 038 ***150.00

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DOCUMENT # P01000109780
1. Entity Name
SECOND CHANCE SUPPORTED LIVING SERVICES, INC.



Principal Place of Business
1795 NW 55TH TERR
MIAMI FL 33142

Mailing Address
1795 NW 55TH TERR
MIAMI FL 33142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1402601**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

JACKSON, GLADYS M
1795 NW 55TH TERR
MIAMI FL 33142

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST JACKSON, GLADYS M 1795 NW 55TH TERR MIAMI FL 33142	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *8/29/03* Daytime Phone #: *(786) 5863034*

CR2E034 (4/03)

ATTACHMENT #PO1000109780

Second Chance Supported Living Services, Inc.

80142313

Primary Business Address
1795 N.W. 55th Terr.
Miami, FL. 33142

Phone (786) 318-1888
Fax: (786) 318-0640
Pager (786) 586-3034

August 29, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings

The company did not receive the prior Uniform Business Report. I have enclosed a check for \$150.00 for the cost of filing this report. Please waive the late fee. Should you have any questions, you may contact me at the above number.

With thanks,

Gladys M. Jackson, CEO