FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 30 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000014915

1. Entity Name

NATIONAL SENIOR LIVING of DAVIS Island, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8001 N. DALE MABRY	
Suite, Apt. #, etc.: 501-I	Suite, Apt. #, etc.: SAM
City & State: TAMPA, FL	City & State:
Zip: 33614 Country: Hillsborough	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 80-0031357 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN E. HAGAN

Street Address (P.O. Box Number is Not Acceptable): 8001 N. DALE MABRY #501-T

City: TAMPA **FL** Zip Code: 33614

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $350.00
Amended UBR is $61.25
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

TITLE	President & Director
NAME	JOHN HAGAN
STREET ADDRESS	8001 N. Dale Mabry #501-I
CITY-ST-ZIP	TAMPA FL 33614
TITLE	SEC. TRES - Director
NAME	THOMAS HAGAN
STREET ADDRESS	8001 N. DALE MABRY #501-I
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
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CR2E034B (12/02)

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 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 #

JH 10/1

8001 N. DALE MABRY
SUITE 501-I
TAMPA, FLORIDA 33614
819-933-7898
813-933-7677 FAX

NATIONAL SENIOR LIVING OF DAVIS ISLAND, INC.

September 15, 2003

To Whom It May Concern:

I have not received to renewal papers for our corporation. I am enclosing a check for the fee.

I have made the corrections on the copy from your web site.

If you have any question, or we need to fill out any additional forms, please let us know.

Sincerely,

John E. Hagan
President

P.S. Looks like you had wrong address.

CARE WITH DIGNITY