

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90135 035 ***150.00

0126140 AT

DOCUMENT # P02000063093

1. Entity Name
ADVANCED GERIATRIC & ELDERLY SERVICES, INC.



Principal Place of Business
**P.O. BOX 514
MACINTOSH FL 32664**

Mailing Address
**P.O. BOX 514
MACINTOSH FL 32664**



2. Principal Place of Business
932 VAN DRIVE
Suite, Apt. #, etc.

3. Mailing Address
932 VAN DRIVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
AUBURNDALE FL
Zip
33823
Country
POLK

City & State
AUBURNDALE FL
Zip
33823
Country
POLK

4. FEI Number
01-0709568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT DAVID
2750 NW 43 ST, STE 201
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEELER, DANIEL H
P.O. BOX 514
MACINTOSH FL 32664** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEELER, JODI LYNN
P.O. BOX 514
MACINTOSH FL 32664** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 REQUIRED
DANIEL H. BEELER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
P02000063093
80144866

September 02, 2003

Florida Department of State
Secretary of State
Glenda Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Enclosed is the Uniform Business Report for Advanced Geriatrics & Elderly Services, Inc. for the 2003 filing.

Please note that this was the first notice that I received, and we are respectfully requesting that the late fee be waived. I will ensure prompt and timely filing for the UBR for this corporation in the future.

Enclosed also is a check in the amount of \$150.00 for our filing fee.

Thank you for your assistance with this matter.

Sincerely,



Daniel H. Beeler
President