Jul 16, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Secrétary of State P02000080598 DOCUMENT # 07-16-2003 90038 020 \*\*\*150.00 1. Entity Name ADAPTIVE LIVING CONCEPTS, INC. Principal Place of Business Mailing Address 2473 EGRETS GLADE DRIVE 2473 EGRETS GLADE DRIVE JACKSONVILLE FL 32224-1313 JACKSONVILLE FL 32224-1313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Numbe Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... Name GREEN. KEVIN S Street Address (P.O. Box Number is Not Acceptable) 5 NORTH 17TH AVENUE #502 JACKSONVILLE BEACH FL 32250 City 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 \$550.00 150 recletter. 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (4/03) TITLE TITLE ☐ Delete EDWARDS, CYNTHIA G NAME NAME 2473 EGRETS GLADE DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224-1313 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition VADEN, ERIC A NAME NAME STREET ADDRESS 332 CAROLINA JASMINE LANE STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

NAME

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

Change

Change

Addition

☐ Addition

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attachment

#P02000000598

Eric A. Vaden, Officer Adaptive Living Concepts, Inc. 2473 Egrets Glade Drive Jacksonville, FL 32224-1313

July 14, 2003

## Dear Sir or Madam:

As per the instructions accompanying the UBR filing package, we are submitting this letter to inform you that we did not receive any prior notification concerning the filing of the State of Florida UBR and the associated \$150 fee. We ask that you waive the late fee and accept the enclosed check for the original \$150 fee. Thank you for your patience in this matter.

Sincerely,

Eric A. Vaden, Officer

Adaptive Living Concepts, Inc.