

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90170 017 ***150.00

DOCUMENT # P02000092297

1. Entity Name
TENDER AGE NURSING SERVICES CORP



Principal Place of Business

1092 DUDLEY DRIVE
KISSIMMEE FL 34758

Mailing Address

1092 DUDLEY DRIVE
KISSIMMEE FL 34758

2. Principal Place of Business

801 international Pky
Suite, Apt. #, etc.
5th FLOOR

3. Mailing Address

801 international Pky
Suite, Apt. #, etc.
5th FLOOR



☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Mary FL

City & State
Lake Mary FL

4. FEI Number
41-1978142

Applied For
Not Applicable

Zip
32746

Country
USA

Zip
32746

Country

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

6. Name and Address of Current Registered Agent

ROSTEL NURSING CARE
3739 BROWN BEAR TRL
EAGAN FL 55122

7. Name and Address of New Registered Agent

Name Margaret Fisher
Street Address (P.O. Box Number is Not Acceptable)
801 international Pky
City Lake Mary FL Zip Code 32746

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 Margaret Fisher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FISHER, ROBERT A	
STREET ADDRESS	1092 DUDLEY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHER, TOLULOPE A	
STREET ADDRESS	1092 DUDLEY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHER, MARGARET S	
STREET ADDRESS	1092 DUDLEY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Margaret Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/04/03 1422

Daytime Phone #

CR2E034 (10/02)