

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90067 016 ***158.75

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DOCUMENT # P02000095899

1. Entity Name
NEW LIFE ADULT HOME CARE, INC.



Principal Place of Business
**12210 NETHERFIELD COURT
RIVERVIEW FL 33569**

Mailing Address
**12210 NETHERFIELD COURT
RIVERVIEW FL 33569**



2. Principal Place of Business
322 Regal Park Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Valrico FL

City & State

4. FEI Number
02-0642780

Applied For
Not Applicable

Zip
33594

Country
Hillsborough

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name
Rosaline S Seabrook

Street Address (P.O. Box Number is Not Acceptable)

12210 Netherfield Ct

City
Riverview

FL

Zip Code
33569

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 **Rosaline S. Seabrook**

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

(NOTE: Registered Agent signature required when reinstating.)

3/7/2003

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SEABROOK, ROSALINE S	
STREET ADDRESS	12210 NETHERFIELD COURT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, CHARLETHA R	
STREET ADDRESS	12210 NETHERFIELD COURT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KING, LA SONDRIA D	
STREET ADDRESS	12210 NETHERFIELD COURT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEABROOK, JOHNNY E	
STREET ADDRESS	12210 NETHERFIELD COURT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOK, JOHNNY E	
STREET ADDRESS	12210 Netherfield Ct	
CITY-ST-ZIP	Riverview Fl 33569	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOK, ROSALINE S	
STREET ADDRESS	12210 Netherfield Ct	
CITY-ST-ZIP	Riverview FL 33569	
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 another like empowered.

SIGNATURE: **Rosaline Seabrook**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2003
Date

813-661-9453
Daytime Phone #

CR2E034 (10/02)