

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

0121215 AT

**DOCUMENT # P02000131492**

1. Entity Name  
**TRI-COUNTY REHAB SERVICES, INC.**



Principal Place of Business  
**1501 US HWY 441 NORTH  
SUITE 1104  
THE VILLAGES FL 32159  
US**

Mailing Address  
**1501 US HWY 441 NORTH  
SUITE 1104  
THE VILLAGES FL 32159  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**11-3670156**

Applied For  
☐ Not Applicable

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

**LOPEZ, MARIA T  
6486 CYPRESS SPRINGS PARKWAY  
PORT ORANGE FL 32128**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MARIA TERESA LOPEZ  
6486 CYPRESS SPRINGS PKWY.  
PORT ORANGE, FL 32128**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
JEFFREY J. LOPEZ  
6486 CYPRESS SPRINGS PKWY  
PORT ORANGE, FL 32128**

☐ Delete

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CITY-ST-ZIP

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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:

*Maria Teresa Lopez*  
**MARIA TERESA LOPEZ**

**7.31.03 (352) 753-6842**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
80137117  
PO2000/31492

**Tri-County Rehab Services, Inc.**  
1501 US Highway 441 North  
Suite 1104, Glick Medical Building  
The Villages, FL 32159  
Telephone: (352) 753 6842 Fax: (352) 753-6854

Dear Sir;

July 31, 2003

I am requesting a waiver of \$400.00 late fee. Our corporation did not receive the report. For the filing fee of \$150.00. Enclosed is a check totaling \$163.75 which includes \$150.00 filing fee, \$8.75 for certificates and \$5.00 for election campaign.

THANK YOU,

Maria Teresa Lopez  
MARIA TERESA LOPEZ