

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90004 040 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P03000126699 1. Entity Name SEASIDE BEHAVIORAL SERVICES INC. | | | |  | |
| Principal Place of Business 1025 SOUTH BEACH ST. APT. 210 DAYTONA BEACH, FL 32114 US | | | Mailing Address 1025 SOUTH BEACH ST. APT. 210 DAYTONA BEACH, FL 32114 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 51-0474108 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent FLATTES, FRANCISCO II 1025 SOUTH BEACH ST. APT. 210 DAYTONA BEACH, FL 32114 | | | | 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 <u><i>Francisco II Flattes</i></u> DATE <u>May 15, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | DIR FLATTES, FRANCISCO II 1025 SOUTH BEACH ST., APT. 210 DAYTONA BEACH, FL 32114 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR FLATTES, TRESIA 1025 SOUTH BEACH ST., APT. 210 DAYTONA BEACH, FL 32114 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR THOMAS, AMANDA 1025 SOUTH BEACH ST., APT. 210 DAYTONA BEACH, FL 32114 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u><i>Francisco II Flattes</i></u> DATE <u>May 15, 2004</u> 886 Daytime Phone # <u>843-1266</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

54055411



05132004 Chg-P CR2E034 (10/03)

Attachment

SeaSide Behavioral Services Inc.
1025 s. beach st., #210
Daytona Beach, Fl. 32114

*# Pj 3000 126699
54055411*

Saturday, May 15, 2004

Re: waiving fee

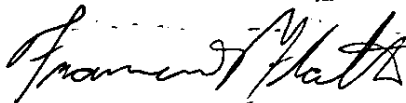
To Whom It May Concern:

I am writing you about the late fee for registration. I filed electronically and did not realize there would be a fee, this is my first time. Then I sent in the Money Order by the deadline date which was May 1, 2004. Two day ago I received via the mail my payment and, the papers I had sent along for the Department to be able to verify what the money was for. I also received a letter stating that basically I had not sent the right forms.

When I called the number provided I was told to download the forms via the internet and, then to sign and send them off if there were no changes. I was also told to send a letter asking you to waive the fee since I had originally filed in compliance with the time deadline. I would appreciate it if you consider these things while making your decision.

Thank you.

Respectfully,



Francisco Flattes II

President/CEO



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 8, 2004

SEASIDE BEHAVIORAL SERVICES INC.
1025 SOUTH BEACH ST.
APT. 210
DAYTONA BEACH, FL 32114 US

SUBJECT: SEASIDE BEHAVIORAL SERVICES INC.
Ref. Number: P03000126699

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 904A00031968



Attachment
Division of Corporations

54055711

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P03000126699**

Tracking Number: **100029401371**

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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Division of Corporations

54055411

Annual Report

Page 1

Document Number

P03000126699

Business Entity Name

SEASIDE BEHAVIORAL SERVICES INC.

FEI Number

510474108

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

1025 SOUTH BEACH ST.

Suite, Apt. #, etc.

APT. 210

City, State

DAYTONA BEACH

FL

Zip Code & Country

32114

US

Mailing Address

Address

1025 SOUTH BEACH ST.

Suite, Apt. #, etc.

APT. 210

City, State

DAYTONA BEACH

FL

Zip Code & Country

32114

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FLATTES

FRANCISCO

P

II

-or- RA Business Name

Address

1025 SOUTH BEACH ST.

Suite, Apt. #, etc.

APT. 210

City, State

DAYTONA BEACH

FL

Zip Code & Country

32114

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Francisco P. Flattes II

Attachment

Continue

Reset

Start Over

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54 055411

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Division of Corporations

Annual Report

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Document Number

P03000126699

Business Entity Name

SEASIDE BEHAVIORAL SERVICES INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address
City, State
Zip Code & Country

#P03000126699
54055211

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

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