FILED
Jul 02, 2002 8:00 am
Secretary of State
05-14-2002 90348 011 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035463

1. Entity Name
Four Sisters of Blountstown, Inc.

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2. Principal Place of Business	3. Mailing Address
19041 S.R. 20 W.	19041 S.R. 20 West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Blountstown, FL	City & State: Blountstown, FL
Zip: 32424 County: Calhoun	Zip: 32424 County: Calhoun

4. FEI Number — Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: Harriet C. Strickland

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

19041 SR 20 W

Blountstown FL 32424

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.

SIGNATURE: Harriet C Strickland
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Gwendolyn C Proper – Presider / 19067 SR 20 W Secretary / Blountstown, FL 32424	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Harriet C Strickland Vice P / 19041 SR 20 W Treasure / Blountstown, FL 32424	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwendolyn C Proper / Gwendolyn C Proper 4/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #