2002 Uniform Business Report (UBR)

P94000038810

DOCUMENT #

THE ADULT CARE GROUP, INC.

1. Entity Name

## **FILED**

May 30, 2002 8:00 am Secretary of State

04-11-2002 90073 010 \*\*\*150.00

<b>₩</b>

Principal Place of Business Mailing Address 311 PARK PLACE RIVO 311 PARK PLACE BLVD

STE 225 CLEARWATE US	STE 225 TER FL 33759 CLEARWATER FL 33759 US											
2. Principal 13777 B	2. Principal Place of Business 3. Mailing Address 13777 Belcher Road 13777 Belcher Ro				ad							
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>				DO NOT WRITE IN THIS SPACE					
City & Sta		City & State				4. FEI Number 59-3249129 Applied For						
Largo.	EL	fargoFI					35 3245 125			Not Applicat	ole .	
Zip 33771		Country US	Zip	Cour	ntry	5.	5. Certificate of Status				Additional	
33/11	6. Name	and Address of Current R	33771	US	T****	7. Name and Address of New Registered Agent						┥.
		411011001000010001101111111111111111111	a gradus of regular		Name	-						
- I OMRARI	DI, RITA A				Name							
ľ	K PLACE BL\	un.			Street Address (P.O. Box Number is Not Acceptable) 13777 Belcher Road							
	V LINÎDE DE	<b>V</b> U			13//	Reiche	r Road	······································	<del></del>			
STE 225												
CLEARWA	ATER FL 337	59			City				FL	Zip 9	2ode	7
# The above			·		Largo					<b>-</b> 337	71	_
a. Ine abov	e named entity	submits this statement for t	the purpose of changing its	register	ed office d	x registered a	gent, or both,	in the State of Flo	rida.			
SIGNATURE	Signature, typed o	or printed name of registered agent an	d site if engineshie (NOTE	Dozielere	el Acunt along	ture required when			DATE			- 1
			1		C Agent adjus	are required miles	- templacology		DATE			_
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!						10. Flecti	on Campaign Fina	ancino	45			
	requirement a eria on back)	nd elects to do so.	After May 1, 200					Fund Contribution			5.00 May Be ided to Fees	-
			Make Check Payab		eparmen		<u> </u>					╝
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NAME	PIAZZA, STI	EVEN A		NAME						Charge	, Mondan	' [
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13. I hereby o	ertify that the	information supplied with thi	is filing does not qualify for the and accurate and that my	he exen	nption star	argo, F	L 33771	ວານອະວາສ໌ແກ່es. I fi	urther cert	ify that the	Information	┨
indicated	on this report a	or supplemental report is tru	ie and accurate and that my	/ signatu	re shall ha	eve the same I	egal effect as	if made under oa	th; that I a	m an office	er or director	

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Rita A Lombardi

727-726-3310