

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

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90374 035 \*\*\*150.00

DOCUMENT # **P940600 54023**

1. Entity Name  
**Community Support & Treatment Inc.**

**DO NOT WRITE IN THIS SPACE**

**970466**

2. Principal Place of Business  
**914 W. Kennedy Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 17062**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**TPA, FL**  
Zip  
**33606** Country  
**USA**

City & State  
**TPA, FL**  
Zip  
**33682-7062** Country  
**USA**

4. FEI Number  
**593262257** Applied For  
☒ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Drace, R.E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**19122 Golden Cacao Pl**  
City  
**Lutz** FL Zip Code  
**33558**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee 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) ☒

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
OFFICER / Director Detail	Ricky Thomas	15101 Barbey Ave	TPA, FL 33625
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: **Ricky J. Thomas** **Ricky J. Thomas** **6/10/02** **813-785-6941**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

*Attachment*

*9704660*

BRACE ACCOUNTING SERVICE  
19122 GOLDEN CACON PLACE  
LUTZ, FL. 33558  
813-632-8200

*#940000 54023*

Florida Dept Of State  
Dicision Of Corporations

May 31, 2002

Re: Community Support & Treatment Inc.

To Whom It May Concern:

The above client did not receive a copy of the Annual Report for the year 2002. We reviewed on line and noticed that the address is incorrect. This address as well as information on the officers and the registered agent was corrected on a previous report.

Attached is all the corrections and the filing fee for \$150. Due to the aforementioned problems, we are hoping that the penalty for late filing will be waived.

Thankyou for reviewing this matter.

-Sincerely:-  
*R. E. Brace*  
R. E. Brace