

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 022 ***150.00

DOCUMENT # P94000090319

1. Entity Name

PROFESSIONAL REHABILITATION CONSULTANTS OF NORTH WEST-FLORIDA, INC.

Principal Place of Business

4162 MADURA RD.

GULF BREEZE FL 32591

32563

Mailing Address

P.O. BOX 6138

GULF BREEZE FL 32563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3286882

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

BROOKS, BEVERLY

4162 MADURA RD.

GULF BREEZE FL 32591

32563

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BROOKS, BEVERLY**
STREET ADDRESS **4162 MADURA RD.**
CITY-ST-ZIP **GULF BREEZE FL 32591**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly G. Brooks **BEVERLY G. BROOKS** 5/1/850-916-1150

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/02

Daytime Phone #

CR2E034 (9/01)

Attachment

974648
P94000090319

Due to family emergencies, this was overlooked for the filing date! Please accept this as payment for the corporation fees. Thank you! B. Brooks