

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024415

1. Entity Name

ALTERNATIVE ASSISTANCE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90070 040 ***150.00

Principal Place of Business

Mailing Address

3631 WEBBER ST.
 B-5
 SARASOTA FL 34232
 US

3631 WEBBER ST.
 B-5
 SARASOTA FL 34232-4412
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3629 WEBBER ST

3629 WEBBER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE B-1

STE B-1

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34232

SARASOTA

34232

SARASOTA

4. FEI Number

65-0572408

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

KIEVITH, SANDRA K
 3631 WEBBER ST
 SUITE B-5
 SARASOTA FL 34232

Name

SANDRA K KIEVITH

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

3629 WEBBER ST

STE B-1

City

SARASOTA, FL

FL

Zip Code

34232

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 SANDRA K. KIEVITH

(NOTE: Registered Agent signature required when reinstating)

4/4/00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEVITH, SANDRA K.	NAME	
STREET ADDRESS	3631 WEBBER ST	STREET ADDRESS	3629 WEBBER ST, STE B-1
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SANDRA K. KIEVITH

4/4/00

Date

941-921-5851

Daytime Phone #

CR2E034 (9/99)