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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # **P95000024415** ALTERNATIVE ASSISTANCE, INC. 04-09-2001 90008 028 \*\*\*150.00 Principal Place of Business Mailing Address 3631 WEBBER ST. 3631 WEBBER ST. ひんなげんり SARASOTA FL 34232 SARASOTA FL 34232 US US 2. Principal Place of Business 3. Mailing Address 2831 RINGLAND BLUD 2831 RINGLAND BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE DIS STE DIS City & State Applied For City & State 4. FEI Number 65-0572408 SARASOTA SARASOTA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired SALASOTA 34237 SALASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDRA K KIEVITH KIEVITH, SANDRA K Street Address (P.O. Box Number is Not Acceptable) 3631 WEBBER ST SUITE B-5 2831 RINGLAND BLUD, STE DIIS SARASOTA FL 34232 Zip Code 34237 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 Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change : KIEVITH, SANDRA K. NAME 2831 RIBELAND BLUD, STE DIIS SARASOTA, FL 34237 STREET ADDRESS STREET ADDRESS 3631 WEBBER ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Change TITLE ☐ Delete TITLE JULIANNA C SHOATALL ABBI RINGLAND BLVD, STE DIIS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL-34237 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

GNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR DATE Date Date Date

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