

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90640 026 \*\*\*150.00

05030300 45

**DOCUMENT # P95000024415**

1. Entity Name  
**ALTERNATIVE ASSISTANCE, INC.**

Principal Place of Business <b>2831 RINGLAND BLVD          SUITE D-115          SARASOTA FL 34237          US</b>	Mailing Address <b>2831 RINGLAND BLVD          SUITE D-115          SARASOTA FL 34237          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0572408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KIEVITH, SANDRA K  
 2831 RINGLAND BLVD  
 SUITE D 115  
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name  
**SANDRA D KURTZ**

Street Address (P.O. Box Number is Not Acceptable)  
**2831 RINGLAND BLVD  
 STE D 115**

City  
**SARASOTA** FL 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 D. KURTZ** x *Sandra D. Kurtz* DATE **3/12/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>KIEVITH, SANDRA K.</b>	
STREET ADDRESS <b>2831 RINGLAND BLVD, STE D115</b>	
CITY-ST-ZIP <b>SARASOTA FL 34237</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>SHORTALL, JULIANNA C</b>	
STREET ADDRESS <b>2831 RINGLAND BLVD, STE D115</b>	
CITY-ST-ZIP <b>SARASOTA FL 34237</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KURTZ, SANDRA D.</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VP -- ROLAND G DEFEW</b>	
STREET ADDRESS <b>4407 MURFIELD DRIVE</b>	
CITY-ST-ZIP <b>BRADENTON, FL 34210</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SANDRA D. KURTZ** x *Sandra D. Kurtz* DATE **3/12/02** 941-921-5851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)