

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90064 033 ***550.00

DOCUMENT # P96000042739

1. Entity Name
RESIDENTIAL REHAB INC.

Principal Place of Business

**POST OFFICE BOX 10656
RIVIERA BEACH FL 33419**

Mailing Address

**POST OFFICE BOX 10656
RIVIERA BEACH FL 33419**

2. Principal Place of Business

340 A. 10TH Street

3. Mailing Address

340 A. 10TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park, Florida

City & State

Lake Park, Florida

Zip

33403

Country

USA

Zip

33403

Country

USA

4. FEI Number

65-0667236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TODD W DRY
1060 CORAL WAY
SINGER ISLAND FL 33404**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **DRY, TODD W**
STREET ADDRESS **C/O POST OFFICE BOX 10656 N/A**
CITY-ST-ZIP **RIVIERA BEACH FL 33419**

TITLE **D** ☒ Change ☐ Addition
NAME **Dry, Todd**
STREET ADDRESS **340 A. 10TH Street**
CITY-ST-ZIP **Lake Park FL 33403**

TITLE **D** ☐ Delete
NAME **DRY, NITA G**
STREET ADDRESS **C/O POST OFFICE BOX 10656 N/A**
CITY-ST-ZIP **RIVIERA BEACH FL 33419**

TITLE **D** ☐ Change ☐ Addition
NAME **Dry, Nita G**
STREET ADDRESS **340 A. 10TH Street**
CITY-ST-ZIP **Lake Park, FL. 33403**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

TODD W DRY (TODD W DRY)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-02 561-863-1592

Date

Daytime Phone #

CR2E034 (4/02)