

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000100656

FILED
Jan 30, 2003
Secretary of State

Entity Name: PEACE OF MIND ASSISTED LIVING, INC.

Current Principal Place of Business:

520 SE FORT KING ST
#B-1
OCALA, FL 34470 US

Current Mailing Address:

520 SE FORT KING STREET
#B-1
OCALA, FL 34470 US

FEI Number: 59-3417275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETTY, LETHA D
520 SE FORT KING STREET, SUITE B-1
OCALA, FL 34478

New Principal Place of Business:

520 SE FORT KING ST
#B-1
OCALA, FL 34471 US

New Mailing Address:

520 SE FORT KING STREET
#B-1
OCALA, FL 34471 US

Name and Address of New Registered Agent:

BETTY, LETHA D
520 SE FORT KING STREET, SUITE B-1
OCALA, FL 34471 US

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:

01/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BETTY, ALEXIS S SR.
Address: 520 SE FORT KING STREET, SUITE B-1
City-St-Zip: OCALA, FL

Title: ST () Delete
Name: BETTY, LETHA D
Address: 520 SE FORT KING STREET, SUITE B-1
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BETTY, ALEXIS S SR.
Address: 520 SE FORT KING STREET, SUITE B-1
City-St-Zip: OCALA, FL 34471 US

Title: ST (X) Change () Addition
Name: BETTY, LETHA D
Address: 520 SE FORT KING STREET, SUITE B-1
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS S BETTY SR.

P

01/30/2003

Electronic Signature of Signing Officer or Director

Date