2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082848

1. Entity Name

ADEPT COMMUNITY SERVICES, INCORPORATED

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90129 007 ***158.75

A0030194

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
... N WESTSHORE BLVD. SUITE 204 ... FL 33607	1211 N WESTSHORE BLVD. SUITE 204 TAMPA FL 33607-4603

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

4. FEI Number 59-3472765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYDEN, DANIEL W
~~8437 TALLAHASSEE DRIVE NE~~
~~ST PETERSBURG FL 33702~~

7. Name and Address of New Registered Agent

Name: HYDEN, DANIEL W.
Street Address (P.O. Box Number is Not Acceptable): 1104 PALM VIEW AVE
City: BELLEAIR FL Zip Code 33756

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 [signature] (DANIEL W. HYDEN) 03/10/2000
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 $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	
TITLE: STD NAME: HYDEN, ANNA R STREET ADDRESS: ~~8437 TALLAHASSEE DR NE~~ CITY-ST-ZIP: ~~ST PETERSBURG FL 33702~~	☐ Delete	TITLE: STD NAME: HYDEN, ANNA R. STREET ADDRESS: 1104 PALM VIEW AVE. CITY-ST-ZIP: BELLEAIR, FL. 33756	☑ Change ☐ Addition
TITLE: PCD NAME: HYDEN, DANIEL W STREET ADDRESS: ~~8437 TALLAHASSEE DR NE~~ CITY-ST-ZIP: ~~ST PETERSBURG FL 33702~~	☐ Delete	TITLE: PCD NAME: HYDEN DANIEL W. STREET ADDRESS: 1104 PALM VIEW AVE. CITY-ST-ZIP: BELLEAIR, FL. 33756	☑ Change ☐ Addition
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CR2E034 (9/99)

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] (DANIEL W. HYDEN) 03/10/2000 (813)2889111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #