P97000082848

**DOCUMENT #** 

1. Entity Name

| r 13, 2002 8:00 am            | 0424361 |
|-------------------------------|---------|
| cretary of State              |         |
| 3-13-2002 90141 043 ***158.75 | 8       |

| ADEPT COMMUNITY SERVICES, INCORPORATED   |   |   |                                       |                    | 03-13-2002 90141   | 043 ****138                            | ./3  |
|--|---|---|---------------------------------------|--------------------|--|--|--|
| Principal Place of Business 1211 N WESTSHORE BLVD. SUITE 204 TAMPA FL 33607  | Mailing Address 1211 N WESTSHORE BLV TAMPA FL 33607 | d. Suite  | 204                                   | i.                 |  |  |  |
|  |   |   |                                       |                    |  |  |  |
| 2. Principal Place of Business HOIH GUNN HIGHWAY Suite, Apt. #, etc.   | 3. Mailing Address  HOIH GUN Suite, Apt. #, etc.    | N   | HEHWA                                 | .4                 | DO NOT WRITE IN THI  | `                                      | 1661 (81) 148)                             |
| SUITE 100  | SUITE 10  | 0   |                                       |                    | DO (40) 441(1) E 114 11 11                                     | O OI AOL                               |  |
| City & State   | City & State  |   |                                       | 4. 1               | FEI Number   |  | oplied For                                 |
| TAMPA, FL  | TAMPA,  | FL  |                                       |                    | 59-3472765   |  | ot Applicable                              |
| Zip Country USA  | <sup>Zip</sup> 33624                                | Coun  |                                       |                    | Certificate of Status Desired                                  | \$8.75 Add                             |  |
| 6. Name and Address of Curren  | t Registered Agent                                  |   | Name .                                |                    | Name and Address of New Registere                              | a Agent                                |  |
| HYDEN, DANIEL W  |   |   | <b>}</b>                              | HYDE               |  | J                                      |  |
| -1104 PALM VIEW AVE  |   |   |                                       |                    | Box:Number:is:Not:Acceptable)                                  | 1                                      |  |
| -CLEARWATER FL 33756   |   |   |                                       | 5017               | <u> </u>   |  |  |
|  |   |   | City                                  |                    |  | L Zip Cod                              | \$ 62U                                     |
| 8. The above named entity submits this statement   | for the purpose of changing its                     | register  | ed office or re                       |                    |  |  | 70-1                                       |
| •  |   | -   |                                       |                    | •  |  |  |
| SIGNATURE  |   |   |                                       |                    | 2.25   |  |  |
| Signature, typed or printed name of registered ager  | nt and title if applicable. (NOT                    | E: Registere  | d Agent signature                     | e required when re | einstating) DATE   |  |  |
| 9. This corporation is eligible to satisfy its Intangib  |   |   | •                                     |                    | 10. Election Campaign Financing                                | _ \$5.0                                | 0 May Be                                   |
| Tax filing requirement and elects to do so.  (See criteria on back)  | After May 1, 20<br>Make Check Payat                 |   |                                       |                    |  |  | '  |
| 11. OFFICERS ANI   | I make emper i ayas                                 | ble to D  | epariment t                           |                    | Trust Fund Contribution.                                       | ☐ Adde                                 | d to Fees                                  |
| II. OFFICERS AND   | D DIRECTORS   | ble to D  | epartment (                           | of State           | Trust Fund Contribution.  DITIONS/CHANGES TO OFFICERS A        |  |  |
| TITLE STD  |   |   | ·                                     | of State           |  |  |  |
| TITLE STD HYDEN, ANNA R  | D DIRECTORS   | 12.   | E<br>E                                | of State           | DITIONS/CHANGES TO OFFICERS A                                  | ND DIRECTOR                            | S IN 11                                    |
| TITLE STD  NAME HYDEN, ANNA R  STREET ADDRESS 1104 PALM VIEW-LN  | D DIRECTORS   | 12. TITLI NAM STRE  | E<br>E<br>EET ADDRESS                 | AC P. O. B         | DITIONS/CHANGES TO OFFICERS A                                  | ND DIRECTOR Change                     | S IN 11                                    |
| TITLE STD HYDEN, ANNA R STREET ADDRESS CITY-ST-ZIP SELLEAIRE FL 33756  | D DIRECTORS   | 12. TITLI NAM STRE  | E<br>E<br>EET ADDRESS<br>-ST-ZIP      | of State           | DITIONS/CHANGES TO OFFICERS A                                  | ND DIRECTOR Change                     | S IN 11 Addition                           |
| TITLE STD HYDEN, ANNA R STREET ADDRESS CITY-ST-ZIP BELLEAIRE FL 33756  TITLE PCD   | D DIRECTORS   | 12. TITLI NAM STRE  | E<br>E<br>EET ADDRESS<br>-ST-ZIP      | AC P. O. B         | DITIONS/CHANGES TO OFFICERS A                                  | ND DIRECTOR Change                     | S IN 11                                    |
| TITLE STD HYDEN, ANNA R STREET ADDRESS CITY-ST-ZIP BELLEAIRE FL 33756  TITLE PCD   | D DIRECTORS   | 12. THTLE NAM STRE CHY THTLE NAM STRE   | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change                                 | S IN 11 Addition  Addition                 |
| TITLE STD HYDEN, ANNA R STREET ADDRESS CITY-ST-ZIP BELLEAIRE FL 33756  TITLE PCD HYDEN, DANIEL W   | D DIRECTORS  Delete  Delete                         | 12. THTLE NAM STRE CHY THTLE NAM STRE   | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  NOLE, FL 3377          | ND DIRECTOR Change                     | S IN 11 Addition  Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MD STREET ADDRESS CITY-ST-ZIP MD   | D DIRECTORS   | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY   | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change                                 | S IN 11 Addition  Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME  | D DIRECTORS  Delete  Delete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM   | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | ND DIRECTOR Change  5 - 74 Change      | S IN 11 Addition  2 O Addition             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS THE NAME STREET ADDRESS THE  | D DIRECTORS  Delete  Delete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE  | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | ND DIRECTOR Change  5 - 74 Change      | S IN 11 Addition  2 O Addition             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP HYDEN, ANNA R 1104 PALM VIEW LN BELLEAIRE FL 33756  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MD MALDONADO, PEDRO V 124 DUNBRIDGE DR PALM HARBOR FL 34684  | D DIRECTORS  Detete  Detete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY CITY  | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  Change  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP HYDEN, ANNA R 1104 PALM VIEW LN BELLEAIRE FL 33756  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP ALD NAME PALM HARBOR FL 34684  TITLE  | D DIRECTORS  Delete  Delete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY CITY  | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | ND DIRECTOR Change  5 - 74 Change      | S IN 11 Addition  2 O Addition             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP HYDEN, ANNA R 1104 PALM VIEW LN BELLEAIRE FL 33756  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MD MALDONADO, PEDRO V 124 DUNBRIDGE DR PALM HARBOR FL 34684  | D DIRECTORS  Detete  Detete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM NAM                           | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  Change  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP HYDEN, ANNA R 1104 PALM VIEW LN BELLEAIRE FL 33756  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | D DIRECTORS  Detete  Detete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE CITY TITLI NAM STRE CITY                | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  Change  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS    | D DIRECTORS  Detete  Detete                         | 12. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE CITY TITLI NAM STRE CITY                | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  Change  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | D DIRECTORS  Delete  Delete  Delete                 | 12. TITLI NAM STRE CITY | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  5 - 74  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | D DIRECTORS  Delete  Delete  Delete                 | 12. TITLI NAM STRE CITY | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  5 - 74  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | D DIRECTORS  Delete  Delete  Delete                 | 12. TITLI NAM STRE CITY | E E E E E E E E E E E E E E E E E E E | P.O. B<br>SEM11    | DITIONS/CHANGES TO OFFICERS A  OX 7420  HOLE, FL 3377  OX 7420 | Change  5 - 74  Change  Change  Change | S IN 11  Addition  2 O  Addition  Addition |

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 divisite tempowered 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 withfan address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

PEDRO MALDONADO <00 2/26/02

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR LIRECTOR