2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90141 043 ***158.75

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DOCUMENT # P97000082848

1. Entity Name
ADEPT COMMUNITY SERVICES, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4014 GUNN HIGHWAY	4014 GUNN HIGHWAY
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33624 Country: USA	Zip: 33624 Country: USA

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	7. Name and Address of New Registered Agent
~~HYDEN, DANIEL W~~ ~~1104 PALM VIEW AVE~~ ~~CLEARWATER FL 33756~~	Name: HYDEN, DANIEL W Street Address (P.O. Box Number is Not Acceptable): 4014 GUNN HIGHWAY SUITE 100 City: TAMPA FL Zip Code: 33624

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 _____ DATE
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HYDEN, ANNA R ~~1104 PALM VIEW LN~~ ~~BELLEAIRE FL 33756~~	☐ Delete	☒ Change ☐ Addition P.O. BOX 7420 SEMINOLE, FL 33775-7420	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD HYDEN, DANIEL W ~~1104 PALM VIEW LN~~ ~~BELLEAIRE FL 33756~~	☐ Delete	☒ Change ☐ Addition P.O. BOX 7420 SEMINOLE, FL 33775-7420	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MALDONADO, PEDRO V 124 DUNBRIDGE DR PALM HARBOR FL 34684	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (9/01)

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: _____ / PEDRO MALDONADO COO 2/26/02 (813)2889111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #