

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 11, 2001 8:00 am
Secretary of State

04-19-2001 90037 050 ***158.75

DOCUMENT # P98000061533

1. Entity Name

MARIE ASSISTED LIVING, INC.

Principal Place of Business

1958 S.W. DORADO LANE
PORT ST. LUCIE FL 34953

Mailing Address

1958 S.W. DORADO LANE
PORT ST. LUCIE FL 34953

2. Principal Place of Business

1958 S.W. DORADO LANE

3. Mailing Address

1958 S.W. DORADO LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

PSL FL

Zip

34953

Country

St. Lucie

Zip

34953

Country

St. Lucie

4. FEI Number

65-0920452

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CELESTIN, MARIE O
1958 S.W. DORADO LANE
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name: MARIE CELESTIN

Street Address (P.O. Box Number is Not Acceptable)

1958 S.W. DORADO LANE

City

Port St. Lucie

FL

Zip

34953

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, 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, 2001 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

TITLE: D
NAME: CELESTIN, MARIE O
STREET ADDRESS: 1958 S.W. DORADO LANE
CITY-ST-ZIP: PORT ST. LUCIE FL 34953 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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:

Marie O. Celestin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(561)340-1015

Daytime Phone #

CR2E034 (10/00)