

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90201 043 ***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 SW Dorado Lane

3. Mailing Address

1958 SW Dorado Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PSL FL 34953

City & State

City & State

PSL FL

Zip

Country

Zip

Country

34953 St Lucie

4. FEI Number

65-0920452

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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 O. Celestin

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

1958 SW Dorado Lane

City

Port St. Lucie FL

FL

Zip Code

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, 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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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

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

Date

Daytime Phone #

4/7/02 340-1015

CR2E034 (9/01)