

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90136 042 ***150.00

DOCUMENT # P98000093512



1. Entity Name
SPECTRUM ASSISTED LIVING, INC.

Principal Place of Business
**1071 PORT MALABAR BLVD. NE. SUITE 106
PALM BAY FL 32905**

Mailing Address
**1071 PORT MALABAR BLVD. NE. SUITE 106
PALM BAY FL 32905**



2. Principal Place of Business
1920 S. BARCLAY ST
Suite, Apt. #, etc.

3. Mailing Address
1920 S. BARCLAY ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FL
Zip
32901
Country
USA

City & State
MELBOURNE FL
Zip
32901
Country
USA

4. FEI Number
59-3541058

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KANCILIA, JOHN R
1686 W HIBISCUS BLVD
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name
MICHAEL H. KALM, ESQ
Street Address (R.O. Box Number is Not Acceptable)
482 N. HAZARD CITY BLVD
City
MELBOURNE FL Zip Code
32935

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael H. Kalm**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, ROBERT J 3705 EAGLE WAY MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'NEAL-BROWN, ERIN 3705 EAGLE WAY MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKEE, BRENDA 7817 MAPLEWOOD DRIVE APT 610 W. MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2003
Date

321-722-0222
Daytime Phone #

CR2E034 (10/02)