

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90115 002 ***150.00

DOCUMENT # P99000022449

1. Entity Name

ELDER LIFE SERVICES, INC.

Principal Place of Business

1901 S. OCEAN DR. #603
HOLLYWOOD FL 33019

Mailing Address

1901 S. OCEAN DR. #603
HOLLYWOOD FL 33019

2. Principal Place of Business

1901 S. OCEAN DR

3. Mailing Address

1901 S. OCEAN DR

Suite, Apt. #, etc.

#603

Suite, Apt. #, etc.

#603

City & State

HOLLYWOOD

City & State

HOLLYWOOD

Zip

33019

Country

BROWARD

Zip

33019

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0901314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALCON, MARY S
1901 S. OCEAN DR. #603
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 MARY SUSAN FALCON

Mary Susan Falcon

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	PST	<input type="checkbox"/> Delete
NAME	FALCON, ALFRED	
STREET ADDRESS	1901 S. OCEAN DR., #603	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FALCON, MARY SUSAN	
STREET ADDRESS	1901 S. OCEAN DR. #603	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY SUSAN FALCON	
STREET ADDRESS	1901 S OCEAN DR. #603	
CITY-ST-ZIP	HOLLYWOOD FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Susan Falcon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

(954) 328-7396

Daytime Phone #

CR2E034 (10/00)