

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90194 020 ***550.00

DOCUMENT # P99000039887

1. Entity Name

SKILLED THERAPY ENHANCEMENT PROFESSIONALS, INC.

Principal Place of Business

2601 SW 79TH AVE STE 309
 DAVIE FL 33328
 US

Mailing Address

2601 SW 79TH AVE STE 309
 DAVIE FL 33328
 US

80128382



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2601 SW 79th AVE
 Suite, Apt. #, etc.
 STE 108

3. Mailing Address

2601 SW 79th AVE
 Suite, Apt. #, etc.
 STE 108

City & State

DAVIE, FL 33328

City & State

DAVIE, FL

4. FEI Number

65-0928365

Applied For

Not Applicable

Zip

Country

33328

USA

Zip

Country

33328

USA

5. Certificate of Status Desired.

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENNA, RODNEY

2601 SW 79TH AVE STE 309
 DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

RODNEY RENNA

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

2601 SW 79th AVE STE 108

City

DAVIE

FL

Zip Code

33328

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

Rodney Renna

(NOTE: Registered Agent signature required when reinstating)

7/2/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 TORRES, BOBBI A
 2601 SW 79TH AVE STE 309 108
 DAVIE FL 33328

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
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 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Rodney Renna 7/2/02

954-475-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)