

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043200

1. Entity Name  
COMMUNITY REHAB SERVICES, INC.

Principal Place of Business  
2310 N AIRPORT RD  
FORT MYERS FL 33907

Mailing Address  
2310 N AIRPORT RD  
FORT MYERS FL 33907

2. Principal Place of Business  
838 SW 56<sup>th</sup> St

3. Mailing Address  
838 SW 56<sup>th</sup> St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Cape Coral, FL

City & State  
Cape Coral, FL

Zip 33914

Zip 33914

Country USA

Country USA

4. FEI Number 65-0924797

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

MEUSSNER, BARBARA  
838 S.W. 56TH ST.  
CAPE CORAL FL 33914

Name

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

City

FL Zip Code

## 7. Name and Address of New Registered Agent

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 *Barbara Meussner*

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEUSSNER, BARBARA 838 S.W. 56TH ST. CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEUSSNER, DAVID F 838 S.W. 56TH ST. CAPE CORAL FL 33914	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Meussner Barb Meussner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-540-5616

CR2E034 (10/00)

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