

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0401847 AV

**DOCUMENT # P99000054153**

**1. Entity Name**  
**COMMUNITY PROFESSIONAL REHABILITATION, INC.**

04-09-2002 90766 046 \*\*\*150.00

**Principal Place of Business**  
**1010 NE 8TH AVE., #3A**  
**DELRAY BEACH FL 33483**

**Mailing Address**  
**1010 NE 8TH AVE., #3A**  
**DELRAY BEACH FL 33483**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-0927245**

**Applied For**  
**Not Applicable**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CARTER, LESLIE**  
**1010 NE 8TH AVE., #3A**  
**DELRAY BEACH FL 33483**

*See Copy of Marriage Certificate  
 Name Change only*

**7. Name and Address of New Registered Agent**

**Name** *Carter-McCradden, Leslie*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*1010 NE 8th AVE #3A*  
**City** *Delray Beach, FL* **Zip Code** *33483*

**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**

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

**TITLE** **D** ☐ Delete  
**NAME** *Carter, Leslie*  
**STREET ADDRESS** *1010 NE 8th Ave., #3A*  
**CITY-ST-ZIP** *Delray Beach FL 33483*

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** *Carter-McCradden, Leslie*  
**STREET ADDRESS** *1010 NE 8th Ave #3A*  
**CITY-ST-ZIP** *Delray Bch, FL 33483*

**TITLE** **D** ☐ Delete  
**NAME** **CARTER, RICHARD K**  
**STREET ADDRESS** **21 D'ALLYON AVE**  
**CITY-ST-ZIP** **SAINT AUGUSTINE FL 32084**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Leslie L. Carter-McCradden* **Leslie L. Carter-McCradden**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/29/02* (954) 675-5682

CR2E034 (9/01)

Attachment

826652

P.9900054753

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

(STATE FILE NUMBER)

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

Dec-05-2000 09:23am 00-463402  
 ORB 12174 Pg 1167  
 DOROTHY H. WILKEN, CLERK PB COUNTY, FL  
 I PRINT MY NAME FOR THE RECORD IT IS NOT TO BE USED FOR ANY OTHER PURPOSE

2000-001366 N

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) THOMAS MICHAEL MCCRUDDEN			2. DATE OF BIRTH (Month, Day, Year) MAR 25 1967	
3a. RESIDENCE - CITY, TOWN, OR LOCATION JUPITER	3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NJ	
5a. BRIDE'S NAME (First, Middle, Last) LESLIE LEIGH CARTER		5b. MAIDEN SURNAME (if different) CARTER	6. DATE OF BIRTH (Month, Day, Year) JUL 13 1969	
7a. RESIDENCE - CITY, TOWN, OR LOCATION DELRAY BCH	7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) MD	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Thomas Michael McCrudden</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV 16 2000
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Dorothy H. Wilken</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Leslie Leigh Carter</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV 16 2000
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Dorothy H. Wilken</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PALM BEACH	18. DATE LICENSE ISSUED NOV 16 2000	18a. DATE LICENSE EFFECTIVE NOV 19 2000	19. EXPIRATION DATE JAN 15 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Dorothy H. Wilken</i>		20b. TITLE CLERK OF THE CIRCUIT	20c. BY DC DR

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) NOV 24, 2000	22. CITY, TOWN, OR LOCATION OF MARRIAGE DEERFIELD BEACH, FLORIDA		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Dorothy H. Wilken</i>	23c. ADDRESS (Of person performing ceremony) 1200 S.W. 125TH #301 FT LAUDERDALE, FL 33315		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) DOROTHY H. WILKEN COMMISSION # CC750845 EXPIRES AUG 22, 2002 BONDED THROUGH ADVANTAGE, NOTARY OF FLORIDA	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Elizabeth P. Castro Magnus</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Samuel M. Calkins</i>		

SEAL

I certify this document to be a true copy of the record in my office  
 this TWENTY-NINTH day of DECEMBER, 2000  
 DOROTHY H. WILKEN, Clerk of Court, Palm Beach County, FL

By

Deputy Clerk

not valid unless signed in red ink