FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State
10-02-2002 90119 011 ***558.75

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DOCUMENT # P99000083002

1. Entity Name

Aging and Health.Com, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
804 SE 14th St	804 SE 14th St
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0948522 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Raymond L Ownby

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

804 SE14th St

City: Fort Lauderdale FL Zip Code: 33316

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changes.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P: Ownby, Raymond L 804 SE 14th St Fort Lauderdale FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP: Quinones, Miguel 804 SE 14th St Fort Lauderdale FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S: Ownby, Raymond L 804 SE 14th St Fort Lauderale FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T: Ownby, Raymond L. 804 SE 14th St Fort Lauderdale FL 33316
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond L. Ownby RAYMOND L. OWNBY 10/1/02 954-527-0468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #