FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p99000086380

1. Entity Name

FOUNTAIN OF YOUTH ALF, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 31 PM 1:37

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
9001 BANA VILLA CT Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3605904	Not Applicable
City & State TAMPA, FL	City & State		
Zip 33635 Country	Zip Country	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: Amanda Hernandez

Street Address (P.O. Box Number is Not Acceptable): 9001 Bana Villa Ct

City: Tampa. FL Zip Code: 33635

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.

000023588440
10/06/03--01069--006 **150.00

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME HERNANDEZ, AMANDA STREET ADDRESS 9001 BANA VILLA CT CITY-ST-ZIP TAMPA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/11/03 90251 02D 10.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000002358844[illegible] 11/12/03--01025--022 **250.00
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Amanda Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31 cr