

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91506 025 ***150.00

DOCUMENT # P99000092867

1. Entity Name
JENNINGS PERSONAL CARE SERVICES, INC.

Principal Place of Business
**5000 MOBILE HIGHWAY
 SUITE 2. BOX 3
 PENSACOLA FL 32534**

Mailing Address
**5000 MOBILE HIGHWAY
 SUITE 2. BOX 3
 PENSACOLA FL 32534**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5113 N. Davis Highway
 Suite, Apt. #, etc.
9

3. Mailing Address

4600 Mobile Hwy #
 Suite, Apt. #, etc.
#9 Box 360

City & State
Pensacola, Florida

City & State
Pensacola, Florida

4. FEI Number **59-3604935**

Applied For
 Not Applicable

Zip
32503

Country
USA

Zip
32506

Country
USA

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

6. Name and Address of Current Registered Agent

**JENNINGS, KIPP D SR.
 9302 FOWLER AVE.
 PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name **Jennings, Kipp D. Sr.**

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

208 St. Regis Drive

City **Pensacola**

FL

Zip Code
32505

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 **Kipp D. Jennings, Sr.** **Kipp D. Jennings, Sr.** **4/28/02**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JENNINGS, KIPP D SR 9302 FOWLER AVE PENSACOLA FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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: **Kipp D. Jennings, Sr.** **4/28/02** **850-475-4106**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)