

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90071 013 ***150.00

0141714 AT

DOCUMENT # V58376

1. Entity Name
SHE-SHE, INC.



Principal Place of Business
15458 SNOW MEMORIAL HWY
BROOKSVILLE FL 34601

Mailing Address
15458 SNOW MEMORIAL HWY
BROOKSVILLE FL 34601

2. Principal Place of Business

15458 SNOW MEMORIAL HWY

3. Mailing Address

SAME



☐ CHECK HERE IF MAKING CHANGES

City & State

BROOKSVILLE, FL

City & State

SAME

4. FEI Number **59-3141750**

☐ Applied For
☐ Not Applicable

Zip

34601 HERNANDO

Zip

SAME

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

6. Name and Address of Current Registered Agent

FURINO, FRANK R
15458 SNOW MEMORIAL HIGHWAY
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

SAME AS ABOVE

City **FL** **Zip Code**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FURINO, FRANK R	
STREET ADDRESS	15458 SNOW MEMORIAL	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	


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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FRANK R FURINO
PRESIDENT

7/25/03 *352-799-5682*
Date *Daytime Phone #*

CR2E034 (4/03)

Attachment 80134988

ROSELAND

ASSISTED LIVING FACILITY

15458 Snow Memorial Hwy.
Brooksville, FL 34601

License# 0005824

Frank Furino, Administrator
Phone: (352) 799-5682

July 28, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: V58376 - SHE-SHE INC. - FEI# 59-3141750
- FURINO, Frank R.
15458 Snow Memorial Hwy
Brooksville, Florida 34601

Dear Sir or Madam:

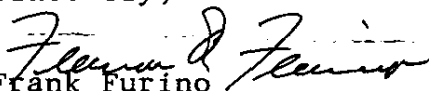
I am herewith enclosing 2003 for Profit Corporation Uniform Business Report (UBR) which was received my regular mail on July 25, 2003, no prior notices have been received at the above address.

I spoke to a representative at the Florida Department of State and suggested I submit our check #7642 for \$150.00 to cover the original filing fee.

Thanking you in advance for your cooperation in this matter.

I remain...

Sincerely,


Frank Furino

Encls..(3)