

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90175 025 ***150.00

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AV

DOCUMENT # V64890

1. Entity Name

SABATTINI SENIOR CARE, INC.



Principal Place of Business

**207 SUNTAN AVE.
SARASOTA FL 34277**

Mailing Address

**207 SUNTAN AVE.
SARASOTA FL 34277**

2. Principal Place of Business

3223 N. LOCKWOOD PIKE RD

Suite, Apt. #, etc.

201

3. Mailing Address

3223 N. LOCKWOOD PIKE RD

Suite, Apt. #, etc.

201

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

4. FEI Number

65-0357780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SABATTINI, LOUIS
207 SUNTAN AVE
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

LOUIS SABATTINI

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

3223 N. LOCKWOOD PIKE RD # 201

City

SARASOTA

FL

Zip Code

34234

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

(NOTE: Registered Agent signature required when reinstating)

4-3-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DPT** ☐ Delete
NAME **SABATTINI, LOUIS**
STREET ADDRESS **207 SUNTAN AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DVS** ☐ Delete
NAME **SABATTINI, WANDA J.**
STREET ADDRESS **207 SUNTAN AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-3-03

Daytime Phone #

941-355-7893

CR2E034 (10/02)