

2002 UNIFORM BUSINESS REPORT (UBR)

05-03-2002 00033 005 ****150.00

FILED

F0100005449

02 JUL 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F0100005449**

1. Entity Name
AGING POTENTIAL, INC.

Principal Place of Business
**71 HILL ST., UNIT 9
SOUTHAMPTON NY 11968**

Mailing Address
**71 HILL ST. UNIT 9
SOUTHAMPTON NY 11968**

2. Principal Place of Business

3. Mailing Address
P. O. Box 855

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sag Harbor, NY

4. FEI Number

11-3547989

Applied For

Not Applicable

Zip

Country

Zip

Country

11963

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RASMUSSEN, LINDA L
4803 SW 119 AVE.
COOPER CITY, FL 33330**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE: *[Signature]* **ERIN MJB**

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	<input type="checkbox"/> Delete
PT	GORSTEIN, MICHAEL JAY	19 CLUB LANE	SAG HARBOR NY 11963	<input type="checkbox"/>
VPS	HAYES, CHRISTOPHER L	9 TAMARACK LANE	EAST QUOGUE NY 11942	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **STATE REQUIRED**

4/16/02 (631)725-3583

CR2E034 (9/01)