

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004664

FILED  
Sep 04, 2003  
Secretary of State

Entity Name: HANDS ON ORLANDO, INC.

## Current Principal Place of Business:

199 E WELBORNE AVENUE  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

199 E WELBORNE AVENUE  
WINTER PARK, FL 32789

## New Mailing Address:

199 E WELBORNE AVENUE  
SUITE 201  
WINTER PARK, FL 32789

FEI Number: 59-3660188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, CHRIS  
199 E WELBORNE AVENUE  
WINTER PARK, FL 32789

## Name and Address of New Registered Agent:

ALLEN, CHRIS  
199 E WELBORNE AVENUE  
SUITE  
WINTER PARK, FL 32789

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:

09/04/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: ALLEN, CHRIS  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: PRES ( ) Delete  
Name: DAWSON, HORACE  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: TD ( ) Delete  
Name: AREAN, CARLOS  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change ( ) Addition  
Name: ALLEN, CHRIS  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: P (X) Change ( ) Addition  
Name: DAWSON, HORACE  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change ( ) Addition  
Name: KRISTI, MEYERS  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Change (X) Addition  
Name: JESSICA, SCHLENK  
Address: 199 E WELBORNE AVENUE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS ALLEN

TS

09/04/2003

Electronic Signature of Signing Officer or Director

Date