

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~500004487~~ N97000002660
1. Entity Name Hidden Potentials, Inc.

FILED

01 AUG -1 PM 4:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 5650 S. Washington Avenue
 Titusville, FL 32780

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 593384483

Applied For
 Not Applicable

Zip **Country** **Zip** **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kathy Clinton
 5650 S. Washington Avenue
 Titusville, FL 32780

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME Kathy Clinton
STREET ADDRESS 353 Birch Street
CITY-ST-ZIP Titusville, FL 32780

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

TITLE **V** ☒ Delete
NAME Tyka Price
STREET ADDRESS 2185 Rudge Drive
CITY-ST-ZIP Mims, FL 32754

TITLE ☒ Change ☐ Addition
NAME Lisa Kemmler
STREET ADDRESS 6485 Aberdeen Avenue
CITY-ST-ZIP Cocoa, FL 32927

TITLE **S** ☐ Delete
NAME Carol Anderson
STREET ADDRESS P. O. Box 6771
CITY-ST-ZIP Titusville, FL 32783

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

TITLE **T** ☒ Delete
NAME Robyn Greek
STREET ADDRESS 730 N. Carpenter Rd
CITY-ST-ZIP Titusville, FL 32796

TITLE ☒ Change ☐ Addition
NAME Michelle Neal
STREET ADDRESS 4010 Fox Lake Road
CITY-ST-ZIP Titusville, FL 32780

TITLE **D** ☐ Delete
NAME Meryl Allawas
STREET ADDRESS 797 White Pine Ave
CITY-ST-ZIP Rockledge, FL 32955

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

TITLE **D** ☐ Delete
NAME Tom Feaster
STREET ADDRESS 2173 Kings Cross
CITY-ST-ZIP Titusville, FL 32796

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 617, 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:

Kathy Clinton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-01 321-267-6318
 Date Daytime Phone #

CR2E037 (11/00)

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