

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90092 040 ****61.25

0011632

DOCUMENT # **N98000005804**

1. Entity Name

OPERATION HANDCLASP, INC.



Principal Place of Business

**806 DEW BLOOM RD
BRANDON FL 33511**

Mailing Address

**806 DEW BLOOM RD
BRANDON FL 33511**

2. Principal Place of Business

8405 11th St. North

3. Mailing Address

8405 11th St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number **59-3550177**

Applied For

Not Applicable

Zip

Country

33604 HILLSBOROUGH

Zip

Country

33604 HILLSBOROUGH

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

**WOOD, BRADLEY J
2636 NINTH STREET N
ST. PETERSBURG FL 33704**

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. 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 \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, BRADLEY J	
STREET ADDRESS	2639 NINTH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ELDON	
STREET ADDRESS	806 DEW BLOOM RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D.	<input type="checkbox"/> Delete
NAME	DEAL, STEVE	
STREET ADDRESS	1104 ARBODELA CT	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, DONALD J	
STREET ADDRESS	23427 PINE LAKE ST	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, LEON W	
STREET ADDRESS	7303 ALTA LOMA ST	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
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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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 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: **SIGNATURE REQUIRED** *Leon W. Jackson* **8/27/03 8139203685**

CR2E037 (4/03)