

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90048 032 *****70.00

02-1-79

DOCUMENT # 747083

1. Entity Name

PUBLIC HOUSING ASSISTANCE, INC.

Principal Place of Business

Mailing Address

**300 W. DIXIE AVE.
 LEESBURG FL 34748**

**300 W. DIXIE AVE.
 LEESBURG FL 34748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2196112

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWE, JAMES H.
 501 N BAY ST
 EUSTIS FL 32726**

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 _____ Delete
 NAME **PD LOWE, JAMES H.**
 STREET ADDRESS **101 S EUTIS ST**
 CITY-ST-ZIP **EUSTIS FL**

TITLE _____ Change Addition
 NAME **D Johnson, Leslie**
 STREET ADDRESS **P.O. Box 842**
 CITY-ST-ZIP **Leesburg, FL 34749-0842**

TITLE _____ Delete
 NAME **VD JONES, ALUN M.**
 STREET ADDRESS **707 S MOUND ST.**
 CITY-ST-ZIP **LEESBURG FL**

TITLE _____ Change Addition
 NAME **D Johnson, Betty**
 STREET ADDRESS **P.O. Box 842**
 CITY-ST-ZIP **Leesburg, FL 34749-0842**

TITLE _____ Delete
 NAME **SDT JONES, NANCY**
 STREET ADDRESS **707 S MOUND ST.**
 CITY-ST-ZIP **LEESBURG FL**

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

TITLE _____ Delete
 NAME **D LOUELLAN, BERNICE**
 STREET ADDRESS **2000 PARK CIR APT 58**
 CITY-ST-ZIP **LEESBURG FL**

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

TITLE _____ Delete
 NAME **D WARD, MARGARET C.**
 STREET ADDRESS **401 N. MILLS ST.**
 CITY-ST-ZIP **LEESBURG FL**

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

TITLE _____ Delete
 NAME **D ATLEY, PATRICIA**
 STREET ADDRESS **700 SOUTH BOYLSTON ST.**
 CITY-ST-ZIP **LEESBURG FL**

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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 (352) 787-6702
 Date Daytime Phone #

CR2E037 (9/01)