

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90083 017 ****78.75

DOCUMENT # 763453

1. Entity Name

HANDICAPPED IN ACTION, INC., OF NAPLES, FLORIDA

Principal Place of Business

621 SOLL ST.
 NAPLES FL 34109

Mailing Address

SPILL
 621 SOLL ST.
 NAPLES FL 34109

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

59-2323369

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

KOLLAREK, ELIZABETH
4099 TAMiami TRAIL NORTH
SUITE 311
NAPLES FL 33940

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's 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**
 STREET ADDRESS **STETKEWICZ, ROBERT E**
 CITY-ST-ZIP **621 SOLL STREET**
NAPLES FL 34109

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

TITLE ☐ Delete
 NAME **TD BALL**
 STREET ADDRESS **SONJA**
 CITY-ST-ZIP **RATTLE SNAKE HAMMOCK ROAD**
NAPLES FL 34174

TITLE ☒ Change ☐ Addition
 NAME **T/D**
 STREET ADDRESS **BALL SONJA**
 CITY-ST-ZIP **RATTLE SNAKE HAMMOCK ROAD**
NAPLES FL 34113

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **WILSON, JOSEPH**
 CITY-ST-ZIP **723 PALM VIEW DR.**
NAPLES FL 34110

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **HENRY, BEVERLY**
 CITY-ST-ZIP **1768 WELLESLEY CIRCLE**
NAPLES FL 34116

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SONJA M. BALL** *Sonja M. Ball* **1/22/02** **941-793-6032**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)