2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Name HAND PICKED SELECTIONS, INC.						03-03-2003 90414 039 ***158.75		
Principal Place of Business 226 EAST LEE STREET WARRENTON VA 20186			Mailing Address 226 EAST LEE STREET WARRENTON VA 20186					
2. Principal	Place of Busines		3. Mailing Address	·				
Cuito Ant # ata								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 54-1826545 Applied For		
Zip		Country	Zip	Country		Not Applicat 5. Certificate of Status Desired \$8.75 Additional		
	6. Name ar	nd Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent		
CARR, RODNEY					Te Pano	dora Anwyl		
1034 N SIRCLE DR.					et Address (F	P.O. Box Number is Not Acceptable)		
CRYSTAL AIVER FL 34429					Tslan	nd Ave. #712		
				City	TYLIA	mi FL Zip Code 33139		
8. The above the obliga	e named entity set ations of registere	d agent	for the purpose of changing it	ts registered offic	ce or registere	red agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or bi	rintes name of registered age	int and the if applicable. (NO	TE: Registered Agent s	ional va va	2.25.03		
· F	<u></u>	FEE IS \$150.00	(100	TE. Negisiereo Agent s	signature required w	when reinstating) DATE		
Afte	r May 1, 2003	Fee will be \$550.00 orida Department	of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	PC	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRAVITZ, MA 226 EAST LE WARRENTON	E STREET	☐ Delete	NAME STREET ADDRE	ESS	☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE	ess	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	erlify that the infe	remation a spalled a life	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		Change Addition		

indicated on this report or suppliemental 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 607, 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: