

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J87307

FILED
Apr 01, 2003
Secretary of State

Entity Name: THE HOUSING CONNECTION, INC.

Current Principal Place of Business:

7290 COLLEGE PKWY, #427
FT. MYERS, FL 33907

New Principal Place of Business:

8911 DANIELS PARKWAY, SUITE 4
FORT MYERS, FL 33912

Current Mailing Address:

7290 COLLEGE PKWY, #427
FT. MYERS, FL 33907

New Mailing Address:

8911 DANIELS PARKWAY, SUITE 4
FORT MYERS, FL 33912

FEI Number: 59-2851798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITED, LINDA I.
2224 HAMPSTEAD CT.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

WHITED, LINDA I.
2224 HAMPSTEAD CT.
LEHIGH ACRES, FL 33971 US

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: LINDA I. WHITED

04/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITED, LINDA I.,
Address: 2224 HAMPSTEAD CT.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: WHITED, RUSS LEE,
Address: 2224 HAMPSTEAD CT.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: WHITED, TIFFANY DAWN,
Address: 2224 HAMPSTEAD CT.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA I WHITED

D

04/01/2003

Electronic Signature of Signing Officer or Director

Date