## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## K58687 **DOCUMENT#**

1. Entity Name



## Apr 14, 2003 8:00 am Secretary of State **FILED**

HANDS, I	NC.										
Principal Place of Business 4625 E BAY DR SUITE 102 CLEARWATER FL 33764 US		3284	Mailing Address 3284 MASTERS DR CLEARWATER FL 33761 US								
2. Principal Place of Business			3. Mai	3. Mailing Address			] "	######################################	}    <b>    </b>		8(8){ <b>E</b>  8)  188
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Nu	<sup>ımber</sup> <b>59-2926829</b>	ļ	<b>—</b>	opplied For lot Applicable
Zip	Country		` Zip	Country		ntry				8.75 Additional ee Required	
6. Name and Address of Current Re							7. Name and Address of New Registered Agent				
				•		Name		~ <del>.</del> -w			
BAJEK-GIANACAKES, NANCY A. 3284 MASTERS DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34621											
CLEANWAIGH FE 34021						City				Zip Co	do
						City			FL	<b>-</b>   Zip Co	
	named entity tions of registe	submits this statement forced agent.	or the purp	ose of changing its re	egistere	ed office or registe	red agent, o	r both, in the State of Fk	orida. I am	familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE:	Registere	ed Agent signature require	d when reinstating	) (c	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9.	Election Campaign Fi Trust Fund Contribution			00 May Be ed to Fees
10.		OFFICERS AND	DIRECTO	PRS	11.		ADDITIO	NS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 11
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12. I hereby certify that be information supplied with this filling 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 exemple 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 an other like empowered.

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SIGNATURE:

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