

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90022 030 \*\*\*\*50.00

**DOCUMENT # L01000013073**

1. Entity Name  
**HELPING HANDS OF NAPLES, LLC**



Principal Place of Business

**2220 ARIELLE DR  
SUITE 2008  
NAPLES FL 34109**

Mailing Address

**2220 ARIELLE DR  
SUITE 2008  
NAPLES FL 34109**

**20024019**



2. Principal Place of Business

**2220 Arielle Dr.  
Suite, Apt. #, etc.  
Suite 2001**

3. Mailing Address

**2220 Arielle Dr.  
Suite, Apt. #, etc.  
Suite 2001**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number **65-1140381**

Applied For  
Not Applicable

Zip Country  
**34109 USA**

Zip Country  
**34109 USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLFF, CASEY ESQ  
PAULICH SLACK & WOLFF PA  
801 ANCHOR RODE DR SUITE 203  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **EDMUND J. BURKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2220 ARIELLE DRIVE**  
**Suite 2001**  
City **NAPLES** FL Zip Code **34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edmund J. Burke**

(NOTE: Registered Agent signature required when reinstating)

DATE **1/30/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **SHAW, MARK**  
STREET ADDRESS **2220 ARIELLE DR. #2008**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **MGRM** ☒ Delete  
NAME **SHAW, SALENA**  
STREET ADDRESS **2220 ARIELLE DR. #2008**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **BURKE, Edmund J.**  
STREET ADDRESS **2220 ARIELLE DR. #2001**  
CITY-ST-ZIP **NAPLES, FL. 34109**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **BURKE, ELIZABETH P.**  
STREET ADDRESS **2220 ARIELLE DR. #2001**  
CITY-ST-ZIP **NAPLES FL 34109**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Edmund J. Burke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/30/03 (239) 593-4652**

Date Daytime Phone #

CR2E083 (10/02)