

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003365

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: HANDS OF WISDOM, INC.

Current Principal Place of Business:

4506 NW 20TH DR.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4506 NW 20TH DR.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2237605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSE, WENDY
2919 NE 13TH DR.
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CYRUS, CYNTHIA
Address: 4506 NW 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VCD () Delete
Name: JOHNSON, TINA
Address: 3408 SE 19TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: 3TMD () Delete
Name: ROUSE, WENDY
Address: 2919 NE 13TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CYRUS

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date