

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004392

FILED
May 01, 2003
Secretary of State

Entity Name: ONE PLUS ONE FOUNDATION, INC.

Current Principal Place of Business:

1706 SOUTH KINGS AVE.
BRANDON, FL 335116216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 888
BRANDON, FL 335090888

New Mailing Address:

FEI Number: 59-3661961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, H. CHRISTOPHER II
1706 SOUTH KINGS AVE.
BRANDON, FL 335116216

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: STD () Delete
Name: SPRINGER, KRISTA L
Address: 1706 SOUTH KINGS AVE.
City-St-Zip: BRANDON, FL 335116216

Title: VD () Delete
Name: TOMPKINS, ELIZABETH P
Address: 1706 SOUTH KINGS AVE.
City-St-Zip: BRANDON, FL 335116216

Title: PD () Delete
Name: TOMPKINS, H. CHRISTOPHER II
Address: 1706 SOUTH KINGS AVE.
City-St-Zip: BRANDON, FL 335116216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SPRINGER, KRISTA L
Address: 1706 SOUTH KINGS AVE.
City-St-Zip: BRANDON, FL 335116216

Title: STD (X) Change () Addition
Name: TOMPKINS, ELIZABETH P
Address: 1706 SOUTH KINGS AVE.
City-St-Zip: BRANDON, FL 335116216

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: H. CHRISTOPHER TOMPKINS, II

PD

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date