

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90239 050 ****70.00

DOCUMENT # N00000007126

1. Entity Name

VETERANS HELPING HAND, INC.



Principal Place of Business

**13140 BURNINGTREE AVE
FT MYERS FL 33919**

Mailing Address

**P.O BOX 3158
N. FORT MYERS FL 33918**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1050988**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STONE, R M
13140 BURNINGTREE AVE
FT MYERS FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	BOWLES, Clyde Director
NAME	STONE, R M	NAME	17021 Carolyn Lane
STREET ADDRESS	13140 BURNINGTREE AVE	STREET ADDRESS	N. Fort Myers, FL 33917
CITY-ST-ZIP	FT MYERS FL 33919	CITY-ST-ZIP	
TITLE	VSD	TITLE	PYE, Terry R. Director
NAME	YORK, WARREN	NAME	4141 Silversword Ct.
STREET ADDRESS	1334 OLD BRIDGE RD	STREET ADDRESS	N. Ft. Myers, FL 33903
CITY-ST-ZIP	NO. FT. MYERS, FL 33917	CITY-ST-ZIP	
TITLE	VTD	TITLE	TANNER, Jack Director
NAME	THOMAS, DALE E	NAME	5901 Pendragon Lane
STREET ADDRESS	716 KARLOF ST	STREET ADDRESS	Fort Myers, FL 33912
CITY-ST-ZIP	FT MYERS FL 33916	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DON, GILL	NAME	
STREET ADDRESS	674 BRIGANTINE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33917	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

R. M. Stone, President

(230) 466-3294

Feb. 18, 2003

CR2E037 (10/02)