

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90034 043 \*\*\*\*70.00

**DOCUMENT # NO1000001806**

1. Entity Name

**SADIE HOLMES HELP SERVICE INC.**

Principal Place of Business

Mailing Address

1280 AMANDA STREET  
 ALTAMONTE SPRINGS FL 32701

1280 AMANDA STREET  
 ALTAMONTE SPRINGS FL 32701

95046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

4. FEI Number

59-365-1361

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

HOLMES, SADIE  
 1280 AMANDA STREET  
 ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

06/15/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
 NAME HOLMES, SADIE  
 STREET ADDRESS 1280 AMANDA STREET  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D  
 NAME Vice President  
 STREET ADDRESS Johnnie Mae Andrews  
 CITY-ST-ZIP 309 West Panama  
 Winter Springs 32708 FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME DOE AYALA Secretary  
 STREET ADDRESS 516 EL Dorado Way  
 CITY-ST-ZIP Coral Gables FL 32701

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME Ceo  
 STREET ADDRESS Sadie Holmes  
 CITY-ST-ZIP 1280 Amanda St  
 Altamonte FL 32701

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME President/fundraising/treasurer  
 STREET ADDRESS Kathy Hardy  
 CITY-ST-ZIP 113 Ford Mercury Street  
 Altamonte FL 32701

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sadie Holmes / Sadie Holmes 06/15/02 (407) 816321

CR2037 (9/01)