

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91223 010 ****61.25

DOCUMENT # N01000002032

1. Entity Name

HANDICAPPED VETERANS OF FLORIDA INC.

Principal Place of Business

Mailing Address

**6 PLAZA DR
 ORMOND FL 32176-4150**

**6 PLAZA DR
 ORMOND FL 32176-4150**

2. Principal Place of Business

6 PLAZA DR

Suite, Apt. #, etc.

3. Mailing Address

6 PLAZA DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORMOND FL

City & State

ORMOND FL

4. FEI Number

59-3705183

Applied For

Not Applicable

Zip

32176

Country

VOLUSIA

Zip

32176

Country

VOLUSIA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMART, RAYMOND A
 6 PLAZA DR
 ORMOND FL 32176-4150**

7. Name and Address of New Registered Agent

Name **RAYMOND A SMART**

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

6 PLAZA DR

City **ORMOND**

FL

Zip Code **32176**

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

RAYMOND A SMART

Raymond A Smart

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **SMART, RAYMOND A**
 STREET ADDRESS **6 PLAZA DR**
 CITY-ST-ZIP **ORMOND FL 32176-4150**

TITLE **D** ☐ Delete
 NAME **ALLEN, FRED**
 STREET ADDRESS **6 PLAZA DR**
 CITY-ST-ZIP **ORMOND FL 32176-4150**

TITLE **D** ☐ Delete
 NAME **VELLER, CINDY**
 STREET ADDRESS **1599 BRAERBURN DR**
 CITY-ST-ZIP **ATLANTA GA 30316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

RAYMOND A SMART

386 441 4509

CR2E037 (9/01)