

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002241

1. Entity Name

ADOPT A HOME FOUNDATION, INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90094 027 ****61.25

Principal Place of Business

Mailing Address

1248 EDGEWOOD AVE. W. STE. 3
JACKSONVILLE FL 32208

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JACKSONVILLE FL 32208

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

59-3708814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, AVA L
101 E. UNION ST., STE. 201
JACKSONVILLE FL 32202

Name Anquan Wilson

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

1248 Edgewood Ave W.

City Jacksonville

FL

Zip Code 32208

8. I, 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

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
NAME STEWART, LISA ☐ Delete
STREET ADDRESS PO BOX 17535
CITY-ST-ZIP JACKSONVILLE FL 32245

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

TITLE
NAME WASHINGTON, LISA ☒ Delete
STREET ADDRESS 8700 SOUTHSIDE BLVD., #208
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE
NAME WILSON, ANQUAN ☐ Delete
STREET ADDRESS 4651 ROANOKE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE
NAME Wilson, Anquan ☒ Change ☐ Addition
STREET ADDRESS 1248 Edgewood Avenue W.
CITY-ST-ZIP Jacksonville, FL 32208

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Parker, Carl ☐ Change ☒ Addition
STREET ADDRESS 2226 Ivygail Lane
CITY-ST-ZIP Jacksonville, FL 32215

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED

4/26/02

CR2E037 (9/01)