

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005270

FILED
May 06, 2002 8:00 AM
Secretary of State

Entity Name: HELPFUL HARVEST OF FLORIDA, INC.

Current Principal Place of Business:

6302 BUTTERNUT DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6302 BUTTERNUT DRIVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANZ, ROBERT J
6302 BUTTERNUT DRIVE
LAKELAND, FL 33813

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: D () Delete
Name: STANZ, ROBERT J
Address: 6302 BUTTERNUT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: STANZ, DEANNA L
Address: 6302 BUTTERNUT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: STANKIEWICZ, HELEN
Address: 4943 COLONNADES CIRCLE EAST
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT J. STANZ

D

05/06/2002

Electronic Signature of Signing Officer or Director

Date