2003 NOT-FOR-PROSIT CORPORATION UNIFORM BUSINE REPORT (UBR)

Mailing Address

7215 HIAWATHA PARKWAY

C/O JOSEPH & COMPANY CPA'S. INC.

## DOCUMENT # **(NO1000005307**

Principal Place of Business

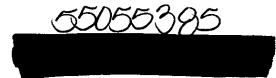
C/O JOSEPH & COMPANY CPA'S. INC. 7215 HIAWATHA PARKWAY

RED RIBBON HOMESTEAD AIDS PROJECT, INC.



## C FILED Sep 02, 2003 08:00 AM **Secretary of State**

04-28-2003 90955 041\*\*\*\$61.25



SPRING HILL FL 34606		SPRING HILL FL 34606		00000077					
2. Principal f	Place of Business	3. Mailing Address							
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Suite, Apt	#, etc	Suite, Apt. #, etc	).		□ d	CHECK HERE IF MAKING	CHANGE	5	
City & Sta	te	City & State			4. FEI Number 59-3736384 Applied For				
					55	0100004		lot Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent -	· · · · · · · · · · · · · · · · · · ·	- ,	7Name and Addr	ess of New Registered A	gent		
			Na	ame		•			
VIRGILAO, RAYMOND P CPA				Street Address (P.O. Box Number is Not Acceptable)					
	WATHA PWY		51	reel Address (F	P.O. Box Number is Not Acceptable)				
	HILL FL 34606	•						4	
or rinto ring, the order			_		wa		1	<del></del>	
			Cit	ty		FL	Zip Co	de	
8. The above	named entity submits this statement fo	r the nurnose of changi	na its reaistered off	lice or registere	ed agent, or both, in the	he State of Florida. I am f	 amiliar with	and accept	
	tions of registered agent.	and purpose or original	ing its registeres on	nos or rogiotors	o agon, or oon, in			,	
•		,							
SIGNATURE .		·							
Old Willer	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered Agen	I signature required v	when reinstating)	DATE			
<del></del>	THE PROPERTY OF A SHORT SERVICE	NC \$ 650 C	<del>-</del>		T	7 : C.,		4.	
9. Flootice Comparing I			n Campaion Financ	sina	9 \$5.00 May Be Make Check Payable to				
	FILE NOW: FEE IS \$61.25	20° 192-105	and Contribution.		Added to Fees	Florida Depart			
10.	/ OFFICERS AND DIF	ECTORS	11.	Α	DDITIONS/CHANGE	S TO OFFICERS AND DIF	ECTORS I	V 10	
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME	KRAKOWER, STEVEN R		NAME	`					
STREET ADDRESS	2152 GREGORY PLACE		STREET ADD	RESS					
CITY-ST-ZIP	SEA GRIT NJ 08750		CITY-ST-ZI	Р					
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NAME	KRAKOWER, CAROL ANN		NAME						
STREET ADDRESS	2152 GREGORY PLACE		STREET ADD	RESS	•				
CITY-ST-ZIP	SEA GRIT NJ 08750		CITY-ST-ZII	P					
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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 of 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 chapters with a different with the different with the corporation of the corporation of the corporation of the corporation of the receiver of th SIGNATURE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #