

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000006494**

1. Entity Name

**YOU ARE NOT ALONE, INC.****FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90011 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**P.O. BOX 970127**  
**COCONUT CREEK FL 33097****P.O. BOX 970127**  
**COCONUT CREEK FL 33097**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FFI Number

**65-1137938**

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

**PORTCH, JOHN W**  
**9153 SW 1 PL**  
**BOCA RATON FL 33428**

Name

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

**I**

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)

**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **PORTCH, JOHN W**  
CITY-ST-ZIP **9153 SW 1 PL**  
**BOCA RATON FL 33428**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PORTCH, PAULA J**  
CITY-ST-ZIP **9153 SW 1 PL**  
**BOCA RATON FL 33428**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PORTCH, ROBERT**  
CITY-ST-ZIP **502 LINCOLN CT**  
**DEERFIELD BCH FL 33442**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PORTCH, VICKIE**  
CITY-ST-ZIP **502 LINCOLN CT**  
**DEERFIELD BCH FL 33442**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WALL, JOHN C**  
CITY-ST-ZIP **631 SW 6 ST LS 903**  
**POMPANO BCH FL 33060**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WALL, ANNA M**  
CITY-ST-ZIP **631 SW 6 ST LS 903**  
**POMPANO BCH FL 33060**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 line empowered.

SIGNATURE:

**Signature of Robert Portch, Director**

Date

**4/4/2002**

Daytime Phone #

**561-721-1281**

CR2E037 (9/01)