

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90781 048 \*\*\*61.25

**DOCUMENT # N02000000609**

1. Entity Name

**SACRED HANDS STUDIO, INC.**



Principal Place of Business

**71 TRANQUILITY LANE** → **Tranquility**  
**DESTIN FL 32541**

Mailing Address

**71 TRANQUILITY LANE** → **Tranquility**  
**DESTIN FL 32541**

2. Principal Place of Business

**71 Tranquility Lane**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**71 Tranquility Lane**

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**80-0034286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LARSH, DAWN E**  
**36468 EMERALD COAST PARKWAY**  
**SUITE 2101**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name: **Jason E. Havens**

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

**36468 Emerald Coast Pkwy, Ste 2101**

City: **Destin**

FL **32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jason E. Havens**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/7/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, SHEILA</b> → <b>Shella</b>	
STREET ADDRESS	<b>71 TRANQUILITY LANE</b> → <b>Tranquility</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, DAVID</b>	
STREET ADDRESS	<b>71 TRANQUILITY LANE</b> → <b>Tranquility</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARDWELL, D.D.</b>	
STREET ADDRESS	<b>2899 BAKERS FARM ROAD</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOODWIN, VALERIE</b>	
STREET ADDRESS	<b>3081 WELLINGTON COURT</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WAGES, ROBERT</b>	
STREET ADDRESS	<b>887 WEST MARIETTA STREET STUDIO S-111</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30318</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARTLEY-LEONARD, BROOKS</b>	
STREET ADDRESS	<b>6 WOODLEY MANOR</b>	
CITY-ST-ZIP	<b>WINNETKA IL 60093</b> → <b>Winnetka</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Suzanne J. Brown</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3071 Lenox Road Apt 24</b>	
STREET ADDRESS	<b>Atlanta, GA 30324</b>	
CITY-ST-ZIP		
TITLE	<b>Cynthia Wilson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3233 Stillwater Cove</b>	
STREET ADDRESS	<b>Destin, FL 32541</b>	
CITY-ST-ZIP		
TITLE	<b>Black, Shella</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>71 Tranquility Lane</b>	
STREET ADDRESS	<b>Destin, FL 32541</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hartley-Leonard, Brooks</b>	
STREET ADDRESS	<b>6 Woodley Manor</b>	
CITY-ST-ZIP	<b>Winnetka, IL 60093</b>	

CR2E037 (10/02)

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: Shella Black**

**3-7-03**