

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003440

FILED  
Feb 23, 2003  
Secretary of State

Entity Name: SHARE A SMILE FOUNDATION, INC.

**Current Principal Place of Business:**

3826 MIMOSA PLACE  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

3826 MIMOSA PLACE  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

36181 EAST LAKE ROAD  
PO BOX 188  
PALM HARBOR, FL 34685 US

FEI Number: 68-0511545      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE, ZANDRA J  
3826 MIMOSA PLACE  
PALM HARBOR, FL 34685 US

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR ( ) Change (X) Addition  
Name: MOORE, ZANDRA J  
Address: 3826 MIMOSA PLACE  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: DIR ( ) Change (X) Addition  
Name: HOVEY, CYNTHIA L  
Address: 5108 KERNWOOD COURT  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: DIR ( ) Change (X) Addition  
Name: FOX, MARYBETH  
Address: 4696 AYLESFORD DRIVE  
City-St-Zip: PALM HARBOR, FL 34685 US

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: CYNTHIA L. HOVEY

DIR

02/23/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date