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

DOCUMENT # N0200006606

1. Entry Name
HOOD TO HOOD CORPORATION

Principal Place of Business
 9900 W SAMPLE RD, STE 300
 CORAL SPRINGS, FL 33065

Mailing Address
 9900 W SAMPLE RD, STE 300
 CORAL SPRINGS, FL 33065

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 190703
 Suite, Apt. #, etc.

City & State
 FT LAUDERDALE, FL

4. FEI Number **Accepted For Not Applicable**

5. Certificate of Status Desired **-\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 POMARES, SANDRA
 9900 W SAMPLE RD, STE 300
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **DATE** 4/29/03

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03	
TITLE P	POMARES, SANDRA 9900 W SAMPLE RD, STE 300 CORAL SPRINGS, FL 33065 DP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	BUCHANAN-SPEERLES, MAGDA 9900 W SAMPLE RD, STE 300 CORAL SPRINGS, FL 33065 DS	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	MISFELLED YOUNG, EVELIA 9900 W SAMPLE RD, STE 300 CORAL SPRINGS, FL 33065 DT	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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, or if other I be empowered.

SIGNATURE: *[Signature]* **DATE:** 4/29/03

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CHECK HERE IF MAKING CHANGES

CR03037 (10/02)