

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N09162

FILED
Mar 06, 2002 8:00 AM
Secretary of State

Entity Name: HELP OF FORT MEADE, INC.

Current Principal Place of Business:

121 W. BROADWAY
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

121 W. BROADWAY
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 59-2993886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELIUS, P. E.
508 S. CHARLESTON
FORT MEADE, FL 33844

Name and Address of New Registered Agent:

FRIER, BARBARA A
121 W. BROADWAY
FORT MEADE, FL 33841

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: BARBARA A. FRIER

03/06/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORNELIUS, P C
Address: 508 S CHARLESTON
City-St-Zip: FT MEADE, FL

Title: VP () Delete
Name: GUERTHEN, DENNIS
Address: 10 SW 3RD STREET
City-St-Zip: FORT MEADE, FL 33841

Title: T () Delete
Name: STRESHLEY, FITZHUGH
Address: 8 N CHARDESTON
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: BELL, MELONY
Address: 412 N LANIER AVE
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: LIGHTFOOT, MIKE REV
Address: PO BOX 903
City-St-Zip: FT MEADE, FL 33841

Title: ED () Delete
Name: FRIER, BARBARA A
Address: 3204 BIG VALLEY DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORNELIUS, P C
Address: 508 S CHARLESTON
City-St-Zip: FT MEADE, FL

Title: P (X) Change () Addition
Name: GUERTHEN, DENNIS
Address: 10 SW 3RD STREET
City-St-Zip: FORT MEADE, FL 33841

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA A. FRIER

ED

03/06/2002

Electronic Signature of Signing Officer or Director

Date