200	2 UNIFORM BUSI	NESS REPO	RT (UB	R)			
DOCUMENT # N21276 1. Entity Name					FILED		
HOPE HOUSE OF THE PALM BEACHES, INC.				02	02 OCT -7 Pii 2: 28		
Principal Pla	ice of Business	Mailing Address			SECRETARY OF ST	ואדר	
2001 PALM B	EACH LAKES BLVD. BEACH FL 33409	POST OFFICE BOX 4562 WEST PALM BEACH FL 334	FICE BOX 4562		ALLAHASSEE. PLOI	RIDA	
2. Principal Place of Business 3. Mailing Address 3. Dol Ralm Beach Lakes Blub							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	lolm Beach A	City & State		4. FEI Number	9-2690393	Applied For Not Applicable	
334C	09 Blm Beach	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Additional	
	6. Name and Address of Current R	legistered Agent		7. Name and Add	dress of New Registered	Agent .	
			Name	Anada -	Rose		
HALSTEAD, BRUCE Street Address (P.							
2001 PALM BEACH LAKES, SUITE 500							
WEST PA	LM BEACH FL 33409		20	OI Palm Beach	hid-akes.Blu	D5540 2018	
Sest Polm Beach FL Zip Code 09							
8. The above named entry 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
the obliga	tions of registered agent.	lose			the State of Florida. I am	n familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an After September 13, 2002, min. will be \$236.25.	9. Election Carry Trust Fund Co	Registered Agent signatu		∠ & DATE 4	ck Payable to ent of State	
SIGNATURE	Signature, typed or printed name of registered agent an After September 13, 2002, min. will be \$236.25. OFFICERS AND DIRE	9. Election Carn Trust Fund Co	Registered Agent signature agency paign Financing portribution.	\$5.00 May Be Added to Fees	∠ & DATE 4	ck Payable to ent of State	
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TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

LEGNATURE CUIRED

☐ Delete

8/10/02

1097-2600

☐ Change

Addition

^{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.