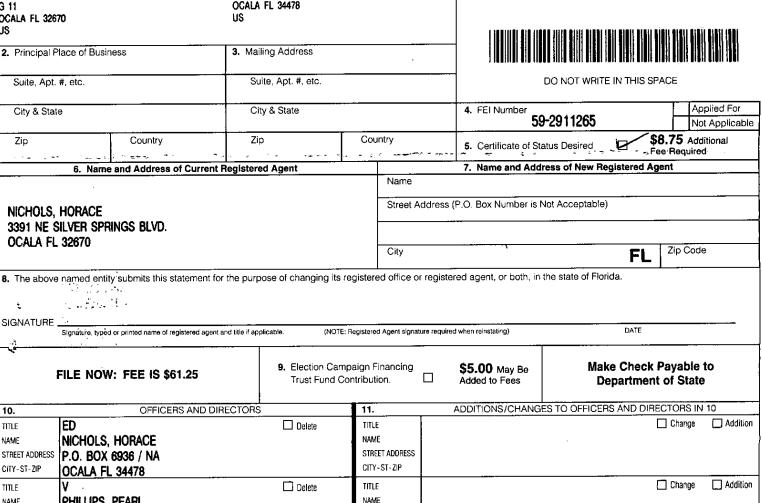
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N23648** 1. Entity Name HOME HEALTH, AND HOPE, INC. Mailing Address Principal Place of Business PO BOX 6936 3391 NE SILVER SPRING RD. OCALA FL 34478 OCALA FL 32670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent Name NICHOLS, HORACE 3391 NE SILVER SPRINGS BLVD. OCALA FL 32670

FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91700 019 ****70.00



NAME NICHOLS, HORACE NAME STREET ADDRESS P.O. BOX 6936 / NA STREET ADDRESS CITY-ST-ZIP OCALA FL 34478 CITY-ST-ZIP TITLE V Delete TITLE	STREET ADDRESS						
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NAME PHILLIPS, PEARL NAME	NAME	PHILLIPS, PEARL		NAME			
STREET ADDRESS 990 SE 58TH AVENUE STREET ADDRESS	STREET ADDRESS	990 SE 58TH AVENUE	and the same of the		م = عورسدر سار در دارد دارد		
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NAME BATCHELOR, PAT	NAME	BATCHELOR, PAT		NAME	111000 NIM DISTALLING DO	1 100	GIR
STREET ADDRESS 1421 SW 27TH AVENUE, #1404 street address 403 / Vi W. DI TECHTON AO . TO .	STREET ADDRESS	1421 SW 27TH AVENUE, #1404		STREET ADDRESS	1403 N. M. BILLEDION VC	بالجاسية	11.13
NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34472	CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP	Ocala, FL34482		
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NAME WESLEY, ROSE NAME	NAME	WESLEY, ROSE	,	NAME			
STREET ADDRESS 9 CEDAR TREE PASS STREET ADDRESS	STREET ADDRESS	9 CEDAR TREE PASS		STREET ADDRESS			
CITY-ST-ZIP OCALA FL 34472 CITY-ST-ZIP	CITY-ST-ZIP	0CALA FL 34472		CITY-ST-ZIP			
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NAME GREENE, JANET	NAME	GREENE, JANET		NAME	I mil A. a		ľ
STREET ADDRESS 11553 NE 165TH STREET STREET STREET ADDRESS 8505 N. W. 15th 40e	STREET ADDRESS	11553 NE 165TH STREET		STREET ADDRESS	18505 N.W. 15th ADE		
STREET ADDRESS 11553 NE 165TH STREET CITY-ST-ZIP CITRA FL 32113 STREET ADDRESS 8505 N, W, 15th Ave 6ccula, FL 34475	CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP	Ocala FL 34475		
TITLE D Delete TITLE . Change Addi	TITLE	D	☐ Delete	TITLE .		Change	☐ Addition
NAME ANDERSON, ELECTRA NAME	NAME	ANDERSON, ELECTRA		NAME			
STREET ADDRESS P.O. BOX 222 N/A STREET ADDRESS	STREET ADDRESS	P.O. BOX 222 N/A		STREET ADDRESS			
CITY-ST-ZIP WEIRSDALE FL 32195 CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP		• • • • • • • • • • • • • • • • • • • •	

City

9. Election Campaign Financing

11.

TITLE

Trust Fund Contribution.

☐ Delete

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.

FILE NOW: FEE IS \$61.25

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

OFFICERS AND DIRECTORS

SIGNATURE

ED

10.