

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90020 019 ****61.25

DOCUMENT # N26566

1. Entity Name

HELP A CHILD, INC.

Principal Place of Business

8800 49TH ST NORTH
 SUITE 410
 PINELLAS PARK FL 33782
 US

Mailing Address

8800 49TH ST NORTH
 SUITE 410
 PINELLAS PARK FL 33782
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2894274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MARK R.
3131 66TH ST. N. SUITE A
ST. PETERSBURG FL 33704

new address

7. Name and Address of New Registered Agent

Name

Lewis, Mark R.

Street Address (P.O. Box Number is Not Acceptable)

6830 Central Ave., Suite D

City

St. Petersburg

FL

Zip Code

33707

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.

SIGNATURE

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | PERLMAN, SHARON M.D. |
| STREET ADDRESS | 3601 34TH STREET NORTH SUITE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | WHITTED, ERIC |
| STREET ADDRESS | 3601-34TH ST N. STE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | CUNNINGHAM, JERRIE |
| STREET ADDRESS | 1151 SERPENTINE DR. S. |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33705 |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | JENKINS, WESLEY A. |
| STREET ADDRESS | 3601-34TH ST N. STE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | GILGOSCH, BOBBIE |
| STREET ADDRESS | 3601 34TH STREET NORTH SUITE 200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | FISHBACK, JERE |
| STREET ADDRESS | 3601-34TH ST. N. STE.200 |
| CITY-ST-ZIP | ST. PETERSBURG FL |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William B. Hoyt | |
| STREET ADDRESS | 153 29th Ave. North | |
| CITY-ST-ZIP | St. Petersburg, FL 33704 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bryan Rumpf | |
| STREET ADDRESS | 2885 38th St. North | |
| CITY-ST-ZIP | St. Petersburg, FL 33713 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

727-544-3900 X140

Daytime Phone #

CR2E037 (9/01)