

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28313

Entity Name

PARTNERS IN SELF-SUFFICIENCY, INC.

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90036 016 ****61.25

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Principal Place of Business 10- EWING AVE CLEARWATER FL 33756 <i>2960 Tanglewood Dr., Bldg H Clearwater, FL 33759 US</i>		Mailing Address <i>(Same)</i> P. O. BOX 960 CLEARWATER FL 33757 US	
2. Principal Place of Business <i>2960 Tanglewood Dr</i> Suite, Apt. #, etc. <i>Building H</i> City & State <i>Clearwater, FL</i>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. City & State	
Zip <i>33759</i> Country <i>Pinnellas</i>		4. FEI Number 59-2951437 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAMBERLAIN, LINDA 500 PARK AVENUE LARGO FL 33770		7. Name and Address of New Registered Agent Name <i>Lynn Chalache, President</i> Street Address (P.O. Box Number is Not Acceptable) <i>6499 - 38th Ave, N.</i> <i>Suite 2H</i> City <i>St. Petersburg</i> FL Zip Code <i>33710</i>	
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 <i>Lynn Chalache</i> <i>Lynn Chalache</i> President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE <i>1/22/02</i>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Delete NAME D GARVEY, RITA STREET ADDRESS 1550 RIDGEWOOD ST CITY-ST-ZIP CLEARWATER FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Any Hudock</i> STREET ADDRESS <i>Peoples Bank</i> CITY-ST-ZIP <i>1680 Gulf to Bay Boulevard</i> <i>Clearwater, FL 33755</i>	
TITLE <input type="checkbox"/> Delete NAME D RITZ, NANCY J. STREET ADDRESS P.O. BOX 1699 CITY-ST-ZIP CLEARWATER FL 33771	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME D KAYLOR, NANCY STREET ADDRESS 1722 CYPRESS AVE CITY-ST-ZIP BELLEAIR FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	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: *Lynn Chalache* *Lynn Chalache*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *1/22/02* Daytime Phone # *727/343-0492*