

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N29384

FILED
Jul 13, 2003
Secretary of State

Entity Name: HANDICAPPED ARTIST PAINTING PRODUCTIONS & YOU INC.

Current Principal Place of Business:

ST MARTINS IN FIELDS
140 SE 28TH AVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

6520 SW 7TH ST
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 65-0084898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCQUADE, JOHN C
6520 SW 7TH STREET
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCQUAIDE, ERIC,
Address: 10244 NW 50TH ST
City-St-Zip: SUNRISE, FL

Title: D () Delete
Name: ARCHER, QUEENIE,
Address: 10244 NW 50TH ST
City-St-Zip: SUNRISE, FL

Title: TD () Delete
Name: MCQUAIDE, JOHN C.,
Address: 10244 NW 50TH ST
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCQUAIDE, ERIC PRE/DIR
Address: 10244 NW 50TH ST
City-St-Zip: SUNRISE, FL 33068 FL

Title: DIR (X) Change () Addition
Name: ARCHER, QUEENIE DIR
Address: 10244 NW 50TH ST
City-St-Zip: SUNRISE, FL 33068 US

Title: TD (X) Change () Addition
Name: MCQUAIDE, JOHN C TRE/DIR
Address: 10244 NW 50TH ST
City-St-Zip: SUNRISE, FL 333068 US

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: JOHN C. MCQUAIDE

DIR

07/13/2003

Electronic Signature of Signing Officer or Director

Date