

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31691

1. Entity Name

HELP THE HANDICAPPED, INC.

Principal Place of Business

P.O. BOX #1114
LAKELAND-FL 33802-1114

Mailing Address

P.O. BOX #1114
LAKELAND FL 33802-1114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2945631

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOEDICKER, GEORGE ROBERT
3980 LAKE NED CIRCLE
WINTER HAVEN FL 33884

Name

GEORGE ROBERT BOEDICKER

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

4325 BRITANNY HEYNORTH WAY suite 105

City

LAKELAND

FL

Zip Code

33813

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOEDICKER, GEORGE ROBERT
STREET ADDRESS P.O. BOX 1114 N/A
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE TD
NAME MCCLLOUD, LORENZO
STREET ADDRESS P.O BOX 482 N/A
CITY-ST-ZIP BARTOW, FL

☐ Delete

TITLE SD
NAME LAWRENCE, ANDREW
STREET ADDRESS 1910 HAMILTON STREET E.
CITY-ST-ZIP BARTOW FL 33830

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CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

863-683-1764



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)