

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90458 008 *****70.00

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

11002203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2945631**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
4325 BRITTANY HEYWORTH WAY SUITE 105
LAKELAND FL 33813

Name **GEORGE ROBERT BOEDICKER**
Street Address (P.O. Box Number is Not Acceptable) **8522 NW CAMPBELL RD**
City **LAKELAND, FL** Zip Code **FL 33810**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: GEORGE R BOEDICKER **APRIL 17th 2003** **863-683-1714**

CR2E037 (10/02)