

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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90075 019 ****70.00

DOCUMENT # N45407

1. Entity Name

HANDS FOR HOMES, INC.



Principal Place of Business

P.O. BOX 915797
LONGWOOD FL 32791-5797

Mailing Address

P.O. BOX 915797
LONGWOOD FL 32791-5797

2. Principal Place of Business

981 GUADELOUPE

Suite, Apt. #, etc.

3. Mailing Address

981 GUADELOUPE

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34285

Country

SARASOTA

Zip

34285

Country

SARASOTA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, BILLY G.
2121 PALM CREST DR
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

BILLY G JENKINS

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

981 Guadeloupe

City

Venice

FL

Zip Code

34285

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

After September 10, 2003, min will be \$236.25

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

TITLE **PD** ☐ Delete
NAME **JENKINS, BILLY G**
STREET ADDRESS **2121 PALM CREST DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **VSD** ☐ Delete
NAME **JENKINS, CAROLYN A**
STREET ADDRESS **2121 PALM CREST DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ Delete
NAME **BECKETT, BOB**
STREET ADDRESS **1601 DAULPHIN LANE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **BILLY G JENKINS**
STREET ADDRESS **981 GUADELOUPE**
CITY-ST-ZIP **VENICE, FL 34285** **Change**

TITLE ☐ Change ☐ Addition
NAME **CAROLYN A JENKINS**
STREET ADDRESS **981 GUADELOUPE**
CITY-ST-ZIP **VENICE, FL 34285**

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

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

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

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:

CAROLYN A JENKINS

8/3/03

8/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)