

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46033

FILED
Sep 12, 2002
Secretary of State

Entity Name: HELPING THE ELDERLY WITH LEGAL PROBLEMS, INC.

Current Principal Place of Business:

6640 VAN BUREN ST
NEW PORT RICHEY, FL 346562070

New Principal Place of Business:

Current Mailing Address:

5139 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3126415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERANTIE, CAROL A
5139 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

ZANDECKI, THOMAS J
7627 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US

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: THOMAS J. ZANDECKI

09/12/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GELEP, PAUL
Address: 7419 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: WILBURNE, JOANNE,
Address: 8406 MASSACHUSETTS AVE., STE. B-2
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: PERANTIE, CAROL A
Address: 5139 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: UMSTED, HUGH
Address: 10314 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: AYCRIGG, BILL
Address: 7505 ROTTINGHAM ROAD
City-St-Zip: PORT RICHEY, FL 34668

Title: PD () Delete
Name: DEPETRILLO, DOMINICK
Address: 6640 VAN BUREN ST
City-St-Zip: NEW PORT RICHEY, FL 346562070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BREGMAN, HARRIET
Address: 7839 CAYUGA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOMINICK DEPETRILLO

PD

09/12/2002

Electronic Signature of Signing Officer or Director

Date

FRANK GREY D
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652

THOMAS J. ZANDECKI D/VP/T
7627 LITTLE ROAD
NEW PORT RICHEY, FL 34654

FRANK GREY D
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652

THOMAS J. ZANDECKI D/T
7627 LITTLE ROAD
NEW PORT RICHEY, FL 34654

THOMAS J. ZANDECKI D/T