

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90399 014 *****61.25

DOCUMENT # N94000001942

1. Entity Name

HEAR MY HANDS INCORPORATED



Principal Place of Business

**1071 BIMINI LANE
SINGER ISLAND FL 33404**

Mailing Address

**1071 BIMINI LANE
SINGER ISLAND FL 33404**

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 **65-0491604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIGON, SUZIE
6217 WESTGATE DR
APT 813
ORLANDO FL 32835**

Name

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

City

FL

Zip Code

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	DP	<input type="checkbox"/> Delete
NAME	VIGON, SUZIE	
STREET ADDRESS	6217 WESTGATE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, CHRISTINE	
STREET ADDRESS	175 CAPE POINTE CR.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LITRENTA, KATHERINE	
STREET ADDRESS	8332 LITTLE BERK DR E	
CITY-ST-ZIP	BEYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARSON, CHERYLYN	
STREET ADDRESS	2103 21ST LN	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGON, ARNOLD	
STREET ADDRESS	1071 BIMINI LANE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vigon, Suzie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5076 Ernst Court	
STREET ADDRESS	Orlando, FL 32819	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

CR2E037 (10/02)