

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004184

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ALL HELPING HANDS INC.

Current Principal Place of Business:

ROUTE 1, BOX 248A
LAKE CITY, FL 32055

New Principal Place of Business:

ROUTE 16 BOX 806
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 1987
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 31-1565112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFNER, JOHN R
RT 16 -BOX 806
LAKE CITY, FL 32055

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAFNER, JOHN R
Address: RT 16 BOX 806
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: HAFNER, JOHN R II
Address: RT 16 BOX 806
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: HERNANDEZ, WENDY
Address: RT. 16 BOX 806
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN R. HAFNER

PRES

04/29/2002

Electronic Signature of Signing Officer or Director

Date