

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003995

FILED
Feb 15, 2002 8:00 AM
Secretary of State

Entity Name: ACT OF KINDNESS, INC.

Current Principal Place of Business:

618 S. STATE RD 7
MARGATE, FL 33068 US

New Principal Place of Business:

3042 PALM PLACE
MARGATE, FL 33063 US

Current Mailing Address:

3042 PALM PLACE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0607296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, HARRY
10326 NW 36 STREET
MARGATE, FL 33068 US

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: PED () Delete
Name: DONOVAN, PAM
Address: 3042 PALM PLACE
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: WHITE, HARRY
Address: 10326 NW 36 STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TS () Delete
Name: DONOVAN, CHARLES
Address: 3042 PALM PLACE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: CIDNER, KATHY
Address: 6321 SW 1ST STREET
City-St-Zip: MARGATE, FL 33068

Title: D () Delete
Name: SWEET, STEVE
Address: 1624 NW 36 COURT
City-St-Zip: FT LAUDERDALE, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D (X) Change () Addition
Name: LINDNER, KATHY
Address: 6321 SW 1ST STREET
City-St-Zip: MARGATE, FL 33068

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

Title: D () Change (X) Addition
Name: BRADY, JACK
Address: 6808 STARDUST
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: JACK BRADY

D

02/15/2002

Electronic Signature of Signing Officer or Director

Date