

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90271 046 ****61.25

DOCUMENT # N96000002213

1. Entity Name

ELDER HELPERS, INC.



Principal Place of Business

**4224 N STANWYCK TERRACE
BEVERLY HILLS FL 34465**

Mailing Address

**4224 N STANWYCK TERRACE
BEVERLY HILLS FL 34465**

2. Principal Place of Business

4224 N. Stanwyck Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Beverly Hills, FL

City & State

Beverly Hills, FL

4. FEI Number

59-3423456

Applied For

Not Applicable

Zip

34465

Country

USA

Zip

34465

Country

USA

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

6. Name and Address of Current Registered Agent

**PITTS, JAMES R
4224 N STANWYCK TERRACE
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **PITTS, JAMES R**
STREET ADDRESS **4224 N STANWYCK TERR**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VD** ☐ Delete
NAME **EMMERSON, MILO E**
STREET ADDRESS **4554 E WINDMILL DR**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **STD** ☐ Delete
NAME **SPARKMAN, HENRIE T**
STREET ADDRESS **7544 E. RINGER COURT**
CITY-ST-ZIP **INVERNESS FL 34453**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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:

James R. Pitts

4-21-2003

352-527-0523

CR2E037 (10/02)