

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003841

1. Entity Name

AN ANGEL'S HELPING HAND FOUNDATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90113 039 *****61.25

Principal Place of Business

1057 MAITLAND CENTER COMMENCE
2ND FL. C/O EIR
MAITLAND FL 32751
US

Mailing Address

1003 SWEATHUNTER BLVD S.
LONGWOOD FL 32779

Incorrect

2. Principal Place of Business

1003 Sweetwater Blvd. S.
Suite, Apt. #, etc.

3. Mailing Address

1003 Sweetwater Blvd. S.
Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3410347

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLTON, DANIEL A
1057 MAITLAND CENTER COMMONS
MAITLAND FL 32751-4337

7. Name and Address of New Registered Agent

Name

Bolton Daniel A

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

1003 Sweetwater Blvd South

City

Longwood

FL

Zip Code

32779

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOLTON, DANIEL A
STREET ADDRESS 1003 SWEETWATER BLVD SOUTH
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME BOLTON, THOMAS A
STREET ADDRESS 1003 SWEETWATER BLVD SOUTH
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME BLACKFORD, ROBERT M
STREET ADDRESS 1003 SWEETWATER BLVD SOUTH
CITY-ST-ZIP LONGWOOD FL 32779

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
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel A Bolton

407-862-3434

CR2E037 (10/00)