

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90076 044 \*\*\*\*61.25

**DOCUMENT # N96000005837**

1. Entity Name

**FRESH START PROGRAM, INC.**

Principal Place of Business

**6299 W. SUNRISE BLVD  
 STE 108  
 SUNRISE FL 33313**

Mailing Address

**6299 W. SUNRISE BLVD  
 STE 108  
 SUNRISE FL 33313**

2. Principal Place of Business

**2170 S.R. 426**

3. Mailing Address

**P.O. Box 1563**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jamestown Fla.**

City & State

**Goldenrod, Fla.**

Zip

**32765**

Country

**USA**

Zip

**32733-1563**

Country

**USA**

6. Name and Address of Current Registered Agent

**SEYMOUR, IRVING A  
 9421 NW 18 MANOR  
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name **Brian Lucas**

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

**5433 Peaco Place**

City **Winter Park FL**

Zip Code **32792**

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 **Brian Lucas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 23, 2002**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SEYMOUR, IRVING A 9421 NW 18 MANOR PLANTATION FL 33323</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PORTER, PAMELA 2900 NW 56TH AVENUE, D408 LAUDERHILL FL 33313</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FISHER, KAREN 3132 NW 19TH STREET, APT 103 FORT LAUDERDALE FL 33311</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Lucas, Brian 5433 Peaco Place Winter Park, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Knight, Brandon 5433 Peaco Place Winter Park FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Clark, Dorothea T. 20826 Martin St. Orlando, FL 32833</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Brian Lucas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23, 2002**

CR2E037 (9/01)