

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90004 020 ****70.00

C0070830

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000004467
1. Entity Name
HELPING HANDS, HELPING HEARTS, INC. ✓

Principal Place of Business **Mailing Address**
9305 WELLINGTON PARK CIRCLE SAME
TAMPA, FL 33647

2. Principal Place of Business **3. Mailing Address**
9305 WELLINGTON PARK CIRCLE 9305 WELLINGTON PARK CIRCLE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
TAMPA, FL TAMPA, FL
Zip **Country** **Zip** **Country**
33647 USA 33647 USA

4. FEI Number **Applied For**
59-3534948 ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
THORNBERRY, LAURA
9305 WELLINGTON PARK CIRCLE
TAMPA, FL 33647

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.

SIGNATURE Laura Thornberry, director LAURA THORNBERRY 5/30/01
(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** **\$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	<u>PD</u> <u>J. BRUCE THORNBERRY</u> <u>9305 WELLINGTON PARK CIRCLE</u> <u>TAMPA, FL 33647</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>CHARLES LAMBERT</u> <u>6496 31ST AVENUE NORTH</u> <u>PINELLAS PARK, FL 34665</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>LAURA THORNBERRY</u> <u>9305 WELLINGTON PARK CIRCLE</u> <u>TAMPA, FL 33647</u>	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 no 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: Laura Thornberry, Director 5/30/01 813-991-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)