

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004467

1. Entity Name

HELPING HANDS, HELPING HEARTS, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90058 005 ****61.25

Principal Place of Business

9305 WELLINGTON PARK CIR.
TAMPA FL 33647

Mailing Address

9305 WELLINGTON PARK CIR.
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3534948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNBERRY, LAURA
9305 WELLINGTON PARK CIR.
TAMPA FL 33647

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THORNBERRY, J. BRUCE
STREET ADDRESS 9305 WELLINGTON PARK CIR
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LAMBERT, CHARLES
STREET ADDRESS 6496 31ST AVE NO
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME THORNBERRY, LAURA
STREET ADDRESS 9305 WELLINGTON PARK CIR
CITY-ST-ZIP TAMPA FL 33647

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

4/25/02 813-991-0046

CR2E037 (9/01)