☐ Change

☐ Addition

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

FILED Aug 22, 2003 8:00 am § Secretary of State DOCUMENT # **N98000004467** 08-22-2003 90106 038 ****61.25 HELPING HANDS, HELPING HEARTS, INC. Principal Place of Business Mailing Address 9305 WELLINGTON PARK CIR. 9305 WELLINGTON PARK CIR. TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. THE CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3534948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THORNBERRY, LAURA Street Address (P.O. Box Number is Not Acceptable) 9305 WELLINGTON PARK CIR. TAMPA FL 33647 City 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 Make Check Payable to \$5.00 May Be After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition THORNBERRY, J. BRUCE NAME NAME 9305 WELLINGTON PARK CIR STREET ADDRESS STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE LAMBERT, CHARLES NAME 6496 31ST AVE NO STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 34665 CITY-ST-ZIP CITY-ST-ZIP TITLE **** TITLE Delete ---Change [Addition THORNBERRY, LAURA NAME NAME 9305 WELLINGTON PARK CIR STREET ADDRESS STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE

STREET ADDRESS

CITY-ST-ZIP

Seekhes / Director 8/20/03 813-991-004/2 SIGNATURE