

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000004924**

1. Entity Name

EXTENDED HAND, INC.

Principal Place of Business

**2920 N.W. 44TH AVE.
FT. LAUDERDALE FL 33313**

Mailing Address

**2920 N.W. 44TH AVE.
FT. LAUDERDALE FL 33313**

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

65-0857442

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

**McFARLAND, JOHNNIE MAE
2920 N.W. 44TH AVE.
FT. LAUDERDALE FL 33313**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	McFARLAND, JOHNNIE MAE	2920 N.W. 44TH AVE.	FT. LAUDERDALE FL 33313				
DS	LOVETT, VALENCIA	2817 S.W. SIXTH ST.	FT. LAUDERDALE FL 33312				
DT	McFARLAND, CARL	2920 N.W. 44TH AVE.	FT. LAUDERDALE FL 33313				

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:

JOHNNIE MAE McFARLAND

5-4-2001

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90369 005 ****61.25

550697

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)