

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007133

FILED
Apr 30, 2003
Secretary of State

Entity Name: HELPING KIDS THRIFT & GIFT, INC.

Current Principal Place of Business:

76 W LUCERNE CIRCLE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

76 W LUCERNE CIRCLE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3556330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIOLA, YOLANDE
76 W. LUCERNE CIRCLE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EMERSON, JAMES
Address: 1699 LAKESIDE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: FIOLA, YOLANDE
Address: 2701 MIDSUMMER DR
City-St-Zip: WINDERMERE, FL 34786

Title: DTS () Delete
Name: RAIMONDE, SHARREN
Address: 7315 RIPLEY COURT
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: KUDLOWITZ, BARRY
Address: 112 WYMROE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: REEVES, LAURA
Address: 1700 SUNSET DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: JONES, JOEL
Address: 4051 GOLFSIDE DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVID, JOSWICK
Address: 900 N MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: JONES, JOEL
Address: 104 SECLUDED OAK CT.
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDE J. FIOLA

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date