

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90761 050 \*\*\*61.25

**DOCUMENT # N99000005459**

1. Entity Name

**A HELPING HAND RESALE STORE, INC.**



Principal Place of Business

**129 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

Mailing Address

**129 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

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 **54-3598204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUGHES, BETTY A  
2080 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND FL 32952**

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. 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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ROBERT	
STREET ADDRESS	260 SABAL AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOFFMAN, JOYCE	
STREET ADDRESS	260 SABAL AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUGHES, BETTY	
STREET ADDRESS	2080 NEWFOUND HARBOR DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESSEE, CLAUDE	
STREET ADDRESS	215 GLENGARRY AVENUE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCARBOROUGH, ANITA	
STREET ADDRESS	1545 SALMON STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLZER, DAVID	
STREET ADDRESS	2502 MEADOW LANE	
CITY-ST-ZIP	COCOA FL 32926	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR CHRISTIANSON	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2250 WINDSOR DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

1/20/03

321-449-0628

CR2E037 (10/02)