2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90248 011 ****61.25

DOCUMENT # N99000006823

1. Entity Name

HELPING HANDS HELPING FRIENDS, INC.

Principal Place of Business	Mailing Address

C0067690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25749 US 19 N	25749 US 19 N
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33763 Country USA	Zip 33763 Country USA

4. FEI Number — ☐ 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
Metcalf, Tim	Name: Tim Metcalf Street Address (P.O. Box Number is Not Acceptable): 25749 US 19 N 2nd Floor City: Clearwater FL Zip Code: 33763

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: Tim Metcalf — Tim Metcalf — 4/23/2001
(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	D METCALF, TIM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 25749 US 19 N 2nd Floor Clearwater, FL 33763
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D June Baker	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chuck Hollweg ☒ Change ☒ Addition 25749 US 19 N 2nd Floor CLEARWATER FL 33763
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Harrison	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☒ Addition KATHLEEN CARR 25749 US 19 N 2ND FLOOR CLEARWATER FL 33763
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Tim Metcalf — Tim Metcalf — 4/23/2001 — (727) 724-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #