2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 17, 2003 8:00 am Secretary of State

DOCUN 1. Entity Name HELP-A-H	•			02-17-2003 9018	•		
2830 PARKLAND DR 2830 PAR OBLANDO FL 32803 OBLANDO		Mailing Address 2830 PARKLAND DR ORLANDO FL 32803					
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAK	CHECK HERE IF MAKING CHANGES			
Winter Park, FL Winter Park			4. FEI Number 59-3627887	No	plied For t Applicable		
"32189 "32189 <u>"3</u> 2189			Country	5. Certificate of Status Desired S8.75 - Additional Fee Required 7. Name and Address of New Registered Agent			
	6. Name and Address of Current	Registered Agent	Name	/. Name and Address of New Register	ed Agent		
LOPEZ, R. JOSEPH CPA				Street Address (P.O. Box Number is Not Acceptable)			
1313 APPLETON AVE ORLANDO FL 32806							
			City	City FL Zip Code			
	named entity submits this statement for one of registered agent.	or the purpose of changing its reg	istered office or req	gistered agent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature n	equired when reinstating) DA	ATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		-	Election Campaign Financing Trust Fund Contribution.	Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONGO, DAN J 2737 WOODSIDE AVE ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dinter PARK, FL	3 2 7 2	Addition Section	
TITLE NAME STREET ADDRESS CITY=ST-ZIP	PD SANTIAGO, JULIO C 2830 PARKLAND DR ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winter Park R.	327	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NETTER, NIKOLUAUS W 2830 PARKLAND DR ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NETTER NIKOLAUS 1200 AHAloma AV ORLANDO, FL 328	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d in Section 119 07/3/(i) Florida Statutas I furths	Change	Addition	
12. I nereby	ceruiy that the information supplied will too this report or supplemental report	is true and accurate and that my:	signature shall hav	d in Section 119.07(3)(i), Florida Statutes. I furthe te the same legal effect as if made under oath; the	nat I am an officer	r or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made those local, that it are all all of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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: