

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90010 004 \*\*\*150.00

**DOCUMENT # P00000024788**

1. Entity Name

**HANDS OF DISTINCTION, INC.**

Principal Place of Business

**312 W. OCEAN BLVD.**

**STUART FL 34994**

Mailing Address

**312 W. OCEAN BLVD.**

**STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0985965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

Zip

**34994**

Country

Zip

**34994**

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLAR, LISA L**

**312 W. OCEAN BLVD.**

**STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**34994**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **VILLAR, LISA L**  
CITY-ST-ZIP **2662 S.E. CARTHAGE RD. PORT ST. LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **WAREL, KAREN SPELLING**  
CITY-ST-ZIP **408 MEADOW TERR. PORT ST. LUCIE FL 34984**

TITLE ☒ Change ☐ Addition  
NAME **WARDLE, KAREN**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/17/01 (561) 221-2260**

0139482 SP

CR2E034 (5/01)

Attachment

HANDS OF DISTINCTION, INC.  
312 W. OCEAN BLVD.  
STUART FL 34994

Doc. # 000000024788  
BOOK 1347

July 17, 2001

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

Gentlemen,

I have just picked up my annual tax returns from my accountant and was notified by him that I had not renewed my annual report for my corporation. This was my first year of incorporation and I had no knowledge of the annual filing. Also the address listed for my business was not correct as the zip code was omitted and I did not receive the first notice. Your records should reflect the forms being sent back to your office.

I enclose a check in the amount of \$ 150.00 and ask that you please waive the late fee given these circumstances.

Thanking you in advance,

*Lisa Villar*

Lisa Villar – President  
Hands of Distinction, Inc.