

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90105 033 \*\*\*150.00

DOCUMENT # P00000025905

1. Entity Name  
RESERVE A HELPING HAND, INC.



Principal Place of Business  
1526 B NW AMHERST DR  
PORT ST LUCIE FL 34986  
US

Mailing Address  
1526 B NW AMHERST DR  
PORT ST LUCIE FL 34986  
US



2. Principal Place of Business

7636 Greenbrier Circle

3. Mailing Address

7636 Greenbrier Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number 65-0993895

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEET, ALEXANDRA  
1526 B NW AMHERST DR  
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name  
SWEET - MULDERRIG, ALEXANDRA  
Street Address (P.O. Box Number is Not Acceptable)  
7636 Greenbrier Circle  
City Port St Lucie FL Zip Code 34986

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MULDERRIG, ALEXANDRA S  
1526 B NW AMHERST DR  
PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
SWEET - MULDERRIG, ALEXANDRA  
7636 Greenbrier Circle  
Port St Lucie, FL 34986 ☐ Change ☐ Addition

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

TITLE  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 2003

528-2575

Date

Daytime Phone #

Cell

CR2E034 (10/02)