

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90431 009 ***150.00

DOCUMENT # P00000030690

1. Entity Name
ANGELA'S HELPING HAND, INC.



Principal Place of Business
**2709 HERWALD ST.
SARASOTA FL 34231**

Mailing Address
**2709 HERWALD ST.
SARASOTA FL 34231**



2. Principal Place of Business
199 Whispering Sands Dr.

3. Mailing Address
199 Whispering Sands Dr.

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.
#103

☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, Fl.

City & State
Sarasota, Fl.

4. FEI Number **65-1005484**

Applied For
Not Applicable

Zip
34242

Country
USA

Zip
34242

Country
USA

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

**ROSEBERRY, ANGELA
2709 HERWALD STREET
SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)
199 Whispering Sands Dr.

#103

City
Sarasota

FL

Zip Code
34242

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ROSEBERRY, ANGELA B**
STREET ADDRESS **2709 HERWALD ST.**
CITY-ST-ZIP **SARASOTA FL 34231**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **199 Whispering Sands Dr.#103**
CITY-ST-ZIP **Sarasota, Fla. 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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 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: *Angela B. Roseberry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2003 **941 266 0748**
Date Daytime Phone #

CR2E034 (10/02)