

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90090 013 ***150.00

DOCUMENT # P00000064834

1. Entity Name

CENTRAL FLORIDA'S HELPING HANDS, INC.

Principal Place of Business

**5920 HOG SNAPPER LANE
 ORLANDO FL 32822**

Mailing Address

**5920 HOG SNAPPER LANE
 ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

585 WATERSCAPE WY

3. Mailing Address

PO Box 780744

Suite, Apt. #, etc.

City & State

ORLANDO FL

4. FEI Number **59-3646861**

Applied For

Not Applicable

Zip

32828

Country

ORANGE

Zip

32878

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BAXTER, JAMES
 5920 HOG SNAPPER LANE
 ORLANDO FL 32822-6907**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 13, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PV
 PARKIN, NICHOL
 275 E CENTRAL PKWY #1818
 ALTAMONTE SPRINGS FL 32703** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 BAXTER, JAMES M
 5920 HOG SNAPPER LANE
 ORLANDO FL 32822** ☐ Delete

TITLE
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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

JAMES M BAXTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 SEP 02
 Date

407-929-8045
 Daytime Phone #

CR2E034 (4/02)



Attachment
Central Florida's Helping Hands, Inc.

PO Box 780744, Orlando, Florida 32878-0744

PCS 407-929-8045

980188

P00000064834

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

01 September 2002

To the Honorable Secretary of State;

I am respectfully requesting a waiver of the late penalty for filing our annual UBR.

The first notice was not received at the address listed. The second notice was received at another address and forwarded to me.

A shared service secretary did not file this second notice immediately due to an oversight and miscommunication (ie. the notice was filed in the corporate file, but never mailed).

Thank you for time and attention.

Sincerely,

JMB
James M Baxter
President