

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085955

1. Entity Name  
HELPING HANDS ADULT CARE, INC.

Principal Place of Business  
4 SUNSET BAY DRIVE  
BELLEAIR FL 33756

Mailing Address  
4 SUNSET BAY DRIVE  
BELLEAIR FL 33756

2. Principal Place of Business  
18860 US Hwy 19 N  
Suite, Apt. #, etc.  
128  
City & State  
CLEARWATER, FL  
Zip  
33764  
Country  
USA

3. Mailing Address  
18860 US Hwy 19 N  
Suite, Apt. #, etc.  
128  
City & State  
CLEARWATER FL  
Zip  
33764  
Country  
USA

4. FEI Number  
59-3612473

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

## 6. Name and Address of Current Registered Agent

POYTHRESS, KIM M  
4 SUNSET BAY DRIVE  
BELLEAIR FL 33756

## 7. Name and Address of New Registered Agent

Name  
KIM POYTHRESS  
Street Address (P.O. Box Number is Not Acceptable)  
2717 SEVILLE BLVD #2103  
City  
CLEARWATER FL Zip Code  
33764

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 Kim Poythress DATE 7/15/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D POYTHRESS, KIM M 4 SUNSET BAY DRIVE BELLEAIR FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2717 SEVILLE BLVD #2103 CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other life empowered.

SIGNATURE: SIGNATURE Poythress DATE 7/15/01 DAYTIME PHONE # 727 5362251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90009 020 \*\*\*550.00

L0075881



DO NOT WRITE IN THIS SPACE

0091207 AV

CR2E034 (5/01)