2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State P00000099064 DOCUMENT # 1. Entity Name 07-16-2002 90363 043 ***158.75 HOPE SUPPORTIVE SERVICES, INC. Principal Place of Business Mailing Address 960 SW 130TH TER 960 SW 130TH TER DAVIE FL 33325 DAVIE FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1051080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, LYNNE M Street Address (P.O. Box Number is Not Acceptable) 960 SW 130TH TER DAVIE FL 33325 City 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME MOORE, LYNNE M NAME STREET ADDRESS 960 SW 130TH TER STREET ADDRESS **DAVIE FL 33325** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

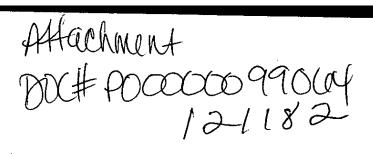
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URIZINDEMMOORE

FILED



July 6, 2002

a la light art art suit.

Hope Supportive Services
Lynne Moore, Director
960 SW 130th Terrace
Davie, Florida 33325

To Whom It May Concern:

I am writing this letter in reference to filing my business report. I have not received any notice or filing forms prior to this one. Please waive the late fee and accept the enclosed check for \$150.00 for Hope Supportive Services, Inc.

Thank you for your consideration in this matter.

Sincerely,

Lynne Moore, Director

Hope Supportive Services, Inc.

er visit in de grade og visit.

भू ५ % वर्ष

A Charles of the Contract of the second of t