2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000013273

Entity Name: WORD AIDE INC.

Current Principal Place of Business:

P.O. BOX 1050
NOKOMIS, FL 342741050

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1050
NOKOMIS, FL 342741050

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAND, SARA A
220 CHANDLER RD.
NOKOMIS, FL 34275

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD ( ) Change (X) Addition
Name: HAND, PAUL M HAND
Address: 220 CHANDLER RD
City-St-Zip: NOKOMIS, FL 34275 US

Title: S ( ) Change (X) Addition
Name: PAYNE, JO E S
Address: 5512 60TH WAY N.
City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: VP ( ) Change (X) Addition
Name: HAND, PAUL M VP
Address: 220 CHANDLER RD
City-St-Zip: NOKIMS, FL 34275 US

Title: D ( ) Change (X) Addition
Name: HAND, SARA A D
Address: 220 CHANDLER RD.
City-St-Zip: NOKOMIS, FL 34275 US

Title: T ( ) Change (X) Addition
Name: HAND, SARA A T
Address: 220 CHANDLER RD
City-St-Zip: NOKOMIS, FL 34275 US

Title: P ( ) Change (X) Addition
Name: HAND, SARA A P
Address: 220 CHANDLER RD.
City-St-Zip: NOKOMIS, FL 34275 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA A HAND P 05/01/2002

Electronic Signature of Signing Officer or Director — Date