

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90549 046 ***150.00

DOCUMENT # P01000070114

1. Entity Name

THE ASSISTANCE PROGRAM INC.



Principal Place of Business

7628 56TH ST N. SUITE #7
TAMPA FL 33617

Mailing Address

7628 56TH ST N. SUITE #7
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3713799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KIEL, CARLINA M
7628 56TH ST N, SUITE II
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

George Kiel

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

7628 56th Street #7

City

Tampa

Florida

City

FL

Zip Code

33617

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

George L. Kiel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KIEL, CARLINA M	
STREET ADDRESS	514 EMBERWOOD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIEL, GEORGE L	
STREET ADDRESS	514 EMBERWOOD DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FITTS, BRENDA	
STREET ADDRESS	514 EMBERWOOD DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FITTS, CARL SR	
STREET ADDRESS	3410 E HENRY ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kiel, George	
STREET ADDRESS	514 EMBERWOOD DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, Latoya	
STREET ADDRESS	8403 CERRO CR. #206	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

George L. Kiel **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

Daytime Phone #

CR2E034 (10/02)