

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90155 021 ***158.75

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DOCUMENT # P02000117792

1. Entity Name

GUIDING HANDS SERVICES, INC.



Principal Place of Business
1256 HOWLAND BOULEVARD
DELTONA FL 32738

Mailing Address
1256 HOWLAND BOULEVARD
DELTONA FL 32738



2. Principal Place of Business

2621 S. Orlando Drive

3. Mailing Address

2621 S. Orlando Drive

Suite, Apt. #, etc.

Suite #10

Suite, Apt. #, etc.

Suite #10

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32773

Country

US

Zip

32773

Country

US

4. FEI Number

51-0425761

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHARLES, SHARON

1256 HOWLAND BOULEVARD

DELTONA FL 32738

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

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	D	<input type="checkbox"/> Delete
NAME	CHARLES, SHARON	
STREET ADDRESS	1256 HOWLAND BOULEVARD	
CITY - ST - ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADSID, SONIA	
STREET ADDRESS	2521 GEORGIA AVENUE	
CITY - ST - ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, trustee, or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

407/322-0733

CR2E034 (10/02)