

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90038 024 ***150.00

DOCUMENT # P95000023591

1. Entity Name

ALTERNATIVE HOMEMAKING WITH A HEART OF PORT CHARLOTTE, INC.

Principal Place of Business

**21202 OLEAN BLVD., STE. A-1
 PORT CHARLOTTE FL 33952**

Mailing Address

**21202 OLEAN BLVD., STE. A-1
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

1409 Gleneagles Drive

Suite, Apt. #, etc.

3. Mailing Address

1409 Gleneagles Drive

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Venice, Florida

Zip

34292

Country

USA

Zip

34292

Country

USA

4. FEI Number

65-0568819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEWART, RALPH S
 1409 GLENEAGLES DRIVE
 VENICE FL 34292**

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.

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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **VT** ☐ Delete
 NAME **STEWART, RALPH S**
 STREET ADDRESS **1409 GLENEAGLES DRIVE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **PT** ☐ Delete
 NAME **LETSON, LYNN A**
 STREET ADDRESS **818 FOX HOLLOW WAY**
 CITY-ST-ZIP **MANCHESTER NH 03104**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **101 Carnegie Street**
 CITY-ST-ZIP **Manchester, N.H. 03104**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph S. Stewart, V.P. 4/25/2002 (941)484-7737

Date

Daytime Phone #

CR2E034 (9/01)