

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90165 047 \*\*\*150.00

DOCUMENT # P97000102556(7)

1. Entity Name

HANDS OFF, INC.



EFFECTIVE DATE of Election as on 5/2/03/97

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4102 Sugar Palm Terr.

3. Mailing Address

4102 Sugar Palm Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO FL

OVIEDO FL

Zip

Country

Zip

Country

32765 USA

USA

32765

USA

4. FEI Number

593491470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

VIRGINIA M. ADAMS

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

4102 SUGAR PALM TERRACE

City

OVIEDO

FL

Zip Code

32765

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 Virginia M. Adams, Registered Agent

01-09-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent VIRGINIA M. ADAMS 4102 Sugar Palm Terrace OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIRGINIA M. ADAMS 4102 Sugar Palm Terrace OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VIRGINIA M. ADAMS 4102 Sugar Palm Terrace OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VIRGINIA M. ADAMS 4102 Sugar Palm Terrace OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

VIRGINIA M. ADAMS Virginia M. Adams

01-09-03

(407) 366-4606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)