

# 2004 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90118 010 \*\*\*150.00

DOCUMENT # P98000031743

1. Entity Name

LIVING HOPE INC.

Principal Place of Business

110 SUNVISTA CT.  
SANFORD FL 32773

Mailing Address

LIVING HOPE INC  
PO BOX 952163  
LAKE MARY FL 32795-2163  
US

2. Principal Place of Business

780 Oakland Hills Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 200

City & State

Lake Mary, FL 32746

City & State

Zip

32746

Country

USA

Zip

3

Country

4. FEI Number

59-3513286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAL-POCK, CARMEN  
569 REMINGTON OAK DR.  
LAKE MARY FL 32746

Name

Carmen Scott

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

780 Oakland Hills Circle # 200

City

Lake Mary

FL

Zip Code

32746

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

Carmen Scott

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SCOTT, GARY  
STREET ADDRESS 110 SUNVISTA CT.  
CITY-ST-ZIP SANFORD FL 32773

☐ Delete

TITLE President (D)  
NAME Gary Scott  
STREET ADDRESS 780 Oakland Hills Cir # 200  
CITY-ST-ZIP Lake Mary, FL 32746

☒ Change

☐ Addition

TITLE D  
NAME LEAL-POCK, CARMEN  
STREET ADDRESS 569 REMINGTON OAK DR.  
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE D  
NAME Carmen Scott  
STREET ADDRESS 780 Oakland Hills Cir # 200  
CITY-ST-ZIP Lake Mary, FL 32746

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Mary W. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

CR2E034 (10/00)