

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90309 005 ***150.00

DOCUMENT # P98000031743

1. Entity Name

LIVING HOPE INC.

Principal Place of Business

780 OAKLAND HILLS CIRCLE #200
 LAKE MARY FL 32746

Mailing Address

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

2. Principal Place of Business

1210 Wildwood Lakes Blvd.

Suite, Apt. #, etc.

304

3. Mailing Address

PO Box 9426

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34101-9462

Country

USA

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

SCOTT, CARMEN

780 OAKLAND HILLS CIRCLE #200
 LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

1210 Wildwood Lakes Blvd

304

City

Naples

FL

Zip Code

34101-9426

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, Vice-President

April 18, 2002

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 PD
 NAME SCOTT, GARY ☐ Delete
 STREET ADDRESS 780 OAKLAND HILLS CIRCLE #200
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE D
 NAME LEAL-POCK, CARMEN ☐ Delete
 STREET ADDRESS 780 OAKLAND HILLS CIRCLE #200
 CITY-ST-ZIP LAKE MARY FL 32746

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 PD
 NAME Scott, Gary ☒ Change ☐ Addition
 STREET ADDRESS 1210 Wildwood Lakes Blvd. # 304
 CITY-ST-ZIP Naples, FL 34105

TITLE VP
 NAME Carmen Scott ☒ Change ☐ Addition
 STREET ADDRESS 1210 Wildwood Lakes Blvd # 304
 CITY-ST-ZIP Naples, FL 34105

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: Carmen Scott, REQUI

April 18, 2002 941-455-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)