


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

04-28-2003 91464 012 \*\*\*150.00

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

**DOCUMENT # P99000109704**

1. Entity Name  **A+ HELPING HANDS FOR FAMILIES INC.**



Principal Place of Business  
 3409 WHITTIER ST.  
 TAMPA, FL 33619

Mailing Address  
 3409 WHITTIER ST.  
 TAMPA, FL 33619

2. Principal Place of Business  
 3228 Tina Marie DR  
 Suite, Apt. #, etc.

3. Mailing Address  
 3228 Tina Marie DR  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
 Zephyrhills, FL

City & State  
 Zephyrhills, FL

Zip  
 33543

Country  
 US

4. FEI Number **59-3616240**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAIDA, DEBRA J  
 3409 WHITTIER ST.  
 TAMPA, FL 33619

3228 Tina Marie DR  
 Zephyrhills FL 33543

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 *Debra Maida* DATE **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	OD MAIDA, DEBRA → 3409 WHITTIER STREET TAMPA, FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD maida Debra 3228 Tina Marie DR Zephyrhills, FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: *Debra Maida* DATE **4/15/03** (813) 670-0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)