## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # H28775**

1. Entity Name

**4616 CORPORATION** 

Principal Place of Business

**SIGNATURES** 

Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  HELMICK, JOHN P., JR.  4700 SOUTHSIDE BLVD.  JACKSONVILLE FL 32216  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. Under or printed name of registered agent and talled applicable.  (NOTE Registered Agent signature required when remetating)  PATE  9. This corporation is eligible to satisfy its intangible Tax fiting requirement and elects to do so.  (See criteria on back)  DPS  HELMICK, JOHN P., JR.  DPS  HELMICK, JOHN P., JR.  Addition  TILE  DPS  HELMICK, JOHN P., JR.  Addition  Addition  Addition  Addition  SIRET ADDRESS  ATOM SOUTHSIDE BLVD.  JACKSONVILE FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  JACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE FL  JACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ACKSONVILE PL  ADDITIONS/CHANGES T	4700 SOUTHSIDE BLVD. P.O. BOX 19026F JACKSONVILLE FL 32216		4700 SOUTHSIDE BLVD. P.O. BOX 19026F JACKSONVILLE FL 32216-6359					B1811 81811 8	ien ērēk Elēk	RIGII LAGI	
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Second	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE II	N THIS SF	PACE		
S. Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  HELMICK, JOHN P., JR. 4700 SOUTHSIDE BLVD. JACKSONVILE FL 32216  8. The above named entity submits this statement for the purpose of changing its registered object.  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered object.  SIGNATURE  South India object of printed rame of opposess agent and the fapticians.  PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  SIGNATURE  South India object of the castled by India object on the castled by India object on the castled by India object of the castled by India object on the castled by India object on the Color of State of Department of State  SIGNATURE  South India object of the castled by India object of the Color object of India object of the Color object of India o	City & State	э	City & State			4.	5U-2451N6/				
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HELMICK, JOHN P., JR. 4700 SOUTHSIDE BLVD. JACKSONVILLE FL 32216  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  9. This corporation is eligible to satisfy its Intangable Tax Milling requirement and effects to do so.   Male Check Payable to Department of State of Priorida.  10. Election Campaign Financing State of Priorida State of		6. Name and Address of Current	Registered Agent		Γ	7. Name and Address of New Registered Agent					
A700 SOUTHSIDE BLVD. JACKSONVILLE FL 32216  City FL AP Code  City FL AP Co	_			-	Name						
A700 SOUTHSIDE BLVD. JACKSONVILLE FL 32216  City FL AP Code  City FL AP Co	HELMICK, JOHN P., JR.				Street Address (P.O. Box Number is Not Acceptable)						1
8. The above named onlify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Symbol vs. speed or protection are of reported supers and short in a purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Symbol vs. speed or protection are of reported supers and short in a purpose of the action of the control of a co					Older Addisse (1.0. Dex Maines in 1907 receptable)						
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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 to this second or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated to this second or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	1										1
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of the congration of the receiver or further empowered to execute this report as required by Chanter 607. Florida Statutes: and that my name appears in Block 12 if	l indicated	on this report or supplemental report is	true and accurate and that	my sinns	iture shall have t	he came	llegal effect as it made under oatt	n that Lar	n an officer	or director	
changed, or on an attachment with an address, with all other like empowered.	i of the cor	poration or the receiver or trustee empo	owered to execute this repor	rt as requ	ired by Chapter	607, Flor	ida Statutes; and that my name a	opears in	Block 11 or	Block 12 if	

**FILED** 

Mar 17, 2000 8:00 am Secretary of State

03-17-2000 90021 048 \*\*\*150.00