2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90727 032 ***158.75

DOCUMENT # L97269

1. Entity Name
HELP-U-SELL OF N. W. PASCO, INC.

Principal Place of Business	Mailing Address
~~10730~~ US HWY 19 SUITE 2 PORT RICHEY FL 34668 US	~~10730~~ US HWY 19 SUITE 2 PORT RICHEY FL 34668 US
2. Principal Place of Business: 11134-US Hwy 19	3. Mailing Address: 11134-US Hwy 19
Suite, Apt. #, etc.: Suite 3C	Suite, Apt. #, etc.: Suite 3C
City & State: Port Richey, Fl.	City & State: Port Richey, Fl.
Zip: 34668 Country: USA	Zip: 34668 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3030198 ☐ 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
CARTER, DAVID R. 5358 SPRING HILL DRIVE SPRING HILL FL 34606	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 ____________________ DATE
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KALLIS, NELSON G., JR.	NAME	
STREET ADDRESS	10730 US HWY. 19 SUITE 2	STREET ADDRESS	11134-US Hwy 19 Suite 3C
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	Port Richey, Fl. 34668
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE: SIGNED Nelson G. Kallis Jr. DPS 4-09-03 (727) 868-7079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)