

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90010 009 ***150.00

CENTRAL AVI

DOCUMENT # P95000058965

1. Entity Name
WE HELP YOU BUY, INC.



Principal Place of Business
**1632 NECTARINE TRAIL
CLERMONT FL 34711
US**

Mailing Address
**1632 NECTARINE TRAIL
CLERMONT FL 34711
US**

00000436



2. Principal Place of Business
1632 NECTARINE TR.

3. Mailing Address
1632 NECTARINE TR.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CLERMONT FL

City & State
CLERMONT FL

4. FEI Number
59-3332767

Applied For
 Not Applicable

Zip
34711

Country
U.S.

Zip
34711

Country
U.S.

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

6. Name and Address of Current Registered Agent

**SPINOS, MICHAEL W
1632 HECTARINE TRAIL
CLERMONT FL 34711**

NECTARINE TRAIL

7. Name and Address of New Registered Agent

Name
N-A.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | PSTD SPINOS, MICHAEL W 1632 NECTARINE TRAIL CLERMONT FL 34711 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Michael W. Spinosa PSTD.** 12/31/02 352-242-4789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)