

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91585 010 \*\*\*150.00

**DOCUMENT # 552314**

1. Entity Name  
**JERROLD HELBEIN & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O CAVANAUGH & CO., CPA 1665 MAIN STR. STE 1100 SARASOTA FL 34236-5863 US	Mailing Address C/O CAVANAUGH & CO., CPA 1665 MAIN STR. STE 1100 SARASOTA FL 34236-5863 US
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2. Principal Place of Business <b>2381 FRUITVILLE ROAD</b> Suite, Apt. #, etc. <b>SARASOTA, FL</b> City & State	3. Mailing Address <b>2381 FRUITVILLE ROAD</b> Suite, Apt. #, etc. <b>SARASOTA, FL</b> City & State
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Zip <b>34237</b> Country <b>USA</b>	Zip <b>34237</b> Country <b>USA</b>
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4. FEI Number <b>59-1777421</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**HELBEIN, JERROLD**  
**1660 SOUTH A1A**  
**UNIT 242**  
**JUPITER FL 33477**

7. Name and Address of New Registered Agent  
 Name **MICHAEL R. PENDER, JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2381 FRUITVILLE ROAD**  
 City **SARASOTA** FL **34237**

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 *Michael R. Pender, Jr* DATE **4-8-02**  
Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>HELBEIN, JERROLD</b> <b>1660 SOUTH A1A UNIT 242</b> <b>JUPITER FL 33477</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>HELBEIN, DIANE R.</b> <b>1660 SOUTH A1A UNIT 242</b> <b>JUPITER FL 33477</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1169 Renwuch Dr</b> <b>West Chester, PA 19382</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1169 Renwuch Dr</b> <b>West Chester, PA 19382</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jerrold Helbein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 09 2002**  
 Date Daytime Phone #

CR2E034 (9/01)