

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90181 009 ***150.00

DOCUMENT # 633040

1. Entity Name
HELEN NAGEL, PA



Principal Place of Business
**119 COLONADE CIRCLE
NAPLES FL 34103
US**

Mailing Address
**119 COLONADE CIRCLE
NAPLES FL 34103
US**

2. Principal Place of Business

3665 OCEAN DR.

3. Mailing Address

3665 OCEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32963

Country

U.S.A

Zip

32963

Country

U.S.A

6. Name and Address of Current Registered Agent

NAGEL, HELEN

**119 COLONADE CIRCLE
NAPLES FL 34103**

**3665 OCEAN DR.
VERO BEACH FL 32963**

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

HELEN S. NAGEL

Helen S Nagel

02/11/03

Signature, typed or printed name of registered agent and title if applicable.

(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 **PTD** ☐ Delete
NAME **NAGEL, HELEN**
STREET ADDRESS **119 COLONADE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

HELEN S. NAGEL

Helen S Nagel

02/11/03 - 239-261-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

821-8222

CR2E034 (10/02)