001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683473

1. Entity Name

HEL-MAR CORPORATION

Principal Place of Business

Mailing Address

2606 S HORSESHOE DR. NAPLES FL 34104 US

2606 S HORSESHOE DR. NAPLES FL 34104

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FILED Feb 01, 2001 8:00 am Secretary of State

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2. Principal F	Place of Busin	ness	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT V	VRITE IN T	HIS SPA	ACE		
City & Stat	te	. <u></u>	City & State	City & State			FEI Number	59-2023	214			pplied For lot Applicable	<u>-</u>
Zip		Country	Zip	Zip Count		5.	Certificate of	Status Desire	d X		8.75 Ade	Iditional	7
	6. Name	and Address of Current	Registered Agent	istered Agent		7. Name and Address of New Registered Agent							7
				Name								1.	
2606	ESHKAN, FA S HORSES LES FL 339	shoe dr.			Street Address (P.O. Box Number is Not Acceptable)								1
					City	-				FL	Zip Cod	je	\exists
8 The above	named entity	v submits this statement for	or the purpose of changing its	e rogietar	ed office or r	anietarad ac	aent or both	in the State o	f Florida				1
o. The above	s namou entr	y submits this statement it	a the purpose of changing it.	s register	ed Onice Of I	egistered ag	gent, or both,	III tile State o	i i iorida.				
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SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature	required when r	einstating)		D/	ATE			
							T						4
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00			10. Elect	ion Campaign	Financing		\$5.0	00 May Be	
-	requirement a ria on back)	and elects to do so.		Make Check Payable to Department of Sta			Trust	Fund Contrib	ution.			d to Fees	
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	NAPLES FL 34104												4
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NAME	CARSELLO, ROBERT			NAM									
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	NAPLES F	L 34 104											4
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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 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR