

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90210 004 ****61.25

DOCUMENT # 742519

1. Entity Name
HELPGRO, INC.

| | |
|---|---|
| Principal Place of Business 2789 ORTIZ AVENUE FT. MYERS FL 33906 US | Mailing Address 2789 ORTIZ AVENUE FT. MYERS FL 33906 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

4. FEI Number **59-1864747**
 Applied For
 Not Applicable

| | | | | |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|

6. Name and Address of Current Registered Agent
**EUSTIS, JANET W.
 2789 ORTIZ AVE SE
 FORT MYERS FL 33905**

7. Name and Address of New Registered Agent
 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.

SIGNATURE *Janet W. Eustis* *C.E.O.* *1/18/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ISAACS, MADELYN 19501 TREELINE AVE S FT MYERS FL 33965 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C COLEMAN, JOSEPH PO BOX 1567 FT MYERS FL 33902 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAZURKIEWIC, JOSEPH 3206 SW-7TH-PL CAPE CORAL FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REILLY, JAMES 3028 E RIVERSIDE DR FT MYERS FL 33901 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAMS, BARBARA A PO BOX 1020 FT MYERS FL 33902 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOD CABAI, JOAN 1475 N LARKWOOD SQUARE FORT MYERS FL 33901 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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: *Sharon C. Cufferman BOD* *1/18/02* *(941) 3347892*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)