


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90192 043 ****61.25

DOCUMENT # 742519

1. Entity Name
HELPGRO, INC.



Principal Place of Business Mailing Address

2789 ORTIZ AVENUE **2789 ORTIZ AVENUE**
FT. MYERS FL 33905 **FT. MYERS FL 33905**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

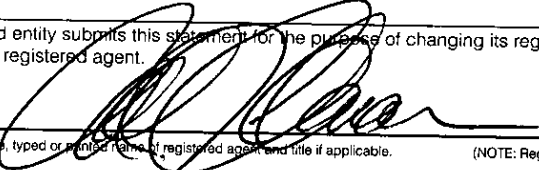
6. Name and Address of Current Registered Agent

EUSTIS, JANET W
2789 ORTIZ AVE SE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name **Carl Joseph Coleman**
Street Address (P.O. Box Number is Not Acceptable)
2201 Second Street
5th Floor
City **Fort Myers, FL 33901** **FL** Zip Code **33901**

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  DATE **2/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	V ISAACS, MADELYN	<input type="checkbox"/> Delete
STREET ADDRESS	19501 TREELINE AVE S	
CITY-ST-ZIP	FT MYERS FL 33965	
TITLE NAME	C COLEMAN, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1567	
CITY-ST-ZIP	FT-MYERS FL 33902	
TITLE NAME	PD MAZURKIEWIC, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	3206 SW 7TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	S REILLY, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	3026 E RIVERSIDE DR	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE NAME	T WILLIAMS, BARBARA A	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1020	
CITY-ST-ZIP	FT MYERS FL 33902	
TITLE NAME	BOD CABAI, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS	1475 N LARKWOOD SQUARE	
CITY-ST-ZIP	FORT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C ISAACS, MADELYN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10501 FGCU BOULEVARD, S	
CITY-ST-ZIP	FORT MYERS, FL 33965	
TITLE NAME	VC REILLY, JAMES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3026 E RIVERSIDE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE NAME	S CROCKETT, DAVY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 2218	
CITY-ST-ZIP	FORT MYERS, FL 33902	
TITLE NAME	T WILLIAMS, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1020	
CITY-ST-ZIP	FORT MYERS, FL 33902	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  DATE **2/24/03**

SIGNATURE REQUIRED

CR2E037 (10/02)