

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90097 005 \*\*\*\*70.00

**DOCUMENT # 762832**

1. Entity Name  
**HELPLINE, INCORPORATED**

Principal Place of Business <b>812 SOUTHARD ST          UNIT 1          KEY WEST FL 33040          US</b>	Mailing Address <b>HELPLINE, INC.          POST OFFICE BOX 2186          KEY WEST FL 33045-2186          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2176319</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HERNANDEZ, LOU          1505 LAIRD STREET          KEY WEST FL 33040</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SLATON, T</b> <b>515 WHITEHEAD ST</b> <b>KEY WEST FL 33046</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>William Hawthorne</b> <b>1400 Von Phister St.</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HOTCHKISS, WESS</b> <b>1901 SO ROOSEVELT STE 408N</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Florence Fox-Loeb</b> <b>2601 S. Roosevelt, # 602B</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ESQUINALDO, P J</b> <b>1329 2ND ST</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, MAGGIE</b> <b>1511 4TH ST</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYSMAN, L</b> <b>62 FRONT ST</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LISTER, SARA</b> <b>1126 VAN PHIRTER</b> <b>KEY WEST FL 33040</b>	TITLE 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 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:** *Lou Hernandez* **5/17/00** **(305) 292-8445**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)