

2001 UNIFORM BUSINESS REPORT (UBR)

0010770 AF

DOCUMENT # **A99000001952**

1. Entity Name

HELMAG INVESTMENT, LTD.

Principal Place of Business

**4901 TAMiami TRAIL NORTH
NAPLES FL 34103**

Mailing Address

**4901 TAMiami TRAIL NORTH
NAPLES FL 34103**

FILED
01 JAN 16 PM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3607882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

U.S. INVESTOR SERVICES, INC.

4901 TAMiami TRAIL NORTH

NAPLES FL 34103-3010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,485,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000102420**
NAME **HELMAG MANAGEMENT, INC.**
STREET ADDRESS **4001 TAMiami TRAIL NORTH, SUITE 265**
CITY-ST-ZIP **NAPLES FL 34103**

STREET ADDRESS **4901 Tamiami Trail North**
CITY-ST-ZIP **Naples, FL 34013**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Filthaut

1-11-01

941-213-4000

Date

Daytime Phone #

CR2E003 (11/00)