

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004205

1. Entity Name  
HELICONIA 2K, INC.



**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90392 001 \*\*\*\*88.75  
07-21-2003 90392 002 \*\*\*550.00

**55051861**



Principal Place of Business  
782K EAGLE CREEK DRIVE, #102  
NAPLES FL 34113  
*210 Timber Lake Circle #104 Naples FL 34104.*

2. Principal Place of Business  
*210 Timber Lake Circle.*

3. Mailing Address  
*210 Timber Lake Circle*

Suite, Apt. #, etc.  
*104*

Suite, Apt. #, etc.  
*104*

City & State  
*Naples*

City & State  
*Naples*

Zip  
*34104 FL.*

Country  
*Collier*

Zip  
*FL 34104*

Country  
*Collier.*

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **07-6927570**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BODAH, MICHAEL CPA  
177 ANDERSON DRIVE  
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
KIMBERLY WILLIAM DURLING  
2 LAPWING CLOSE, SELSDON VALE  
S. COYDEN SURREY UK, CR28TD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCV  
HESS, RAYMOND V  
5467 RATTLESNAKE HAMMOCK RD., APT. 307C  
NAPLES FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DURLING, COLLEEN  
2 LAPWING CLOSE, SELSDON VALE  
S. CROYDEN SURREY UK, CR28TD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
DURLING, MANUELA  
3744 YARBOR RD. RR1  
MAGORA FALLS ONTARIO CANADA L2E 6S4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*S. Croyden, Surrey, UK CR28TD.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*#104 - 210 Timber Lake Circle  
Naples FL 34104.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*60, Marsdale Drive  
St. Catharines, Ont. L2T 3S3.*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 607, 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:

SIGNATURE: *(Signature) July 8<sup>th</sup> 2003.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)