

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000002236**

1. Entity Name

GOLDSMITH, AGIO, HELMS & COMPANY, INCORPORATED**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90041 016 ***150.00

Principal Place of Business

1170 THIRD ST S
C201
NAPLES FL 33940
US

Mailing Address

1170 THIRD ST S
C201
NAPLES FL 33940
US**C0021585**

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 **41-1459808**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GOLDSMITH, STEVEN M
1170 THIRD STREET SOUTH
NAPLES FL 33940

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|---------------------|----------------------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---|
| | CCO | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | GOLDSMITH, STEVEN M | 4351 GULF SHORES BLVD. ESTATE 5N | NAPLES FL 34103 | | | | | | |
| | PCOO | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | HELMS, JACK P | 4906 LAKEVIEW DR | EDINA MN | | | | | | |
| | EVP | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | LYNNER, TERRY A | 6505 SHAWNEE CIR | EDINA MN 55439 | | | | | | |
| | VPC | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | PECHA, KYLE A | 2913 RICE CRK PKWY | BLAINE MN 55449 | | | | | | |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | | | | | |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | | | | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/2001

612-339-0500

CR2E034 (10/00)