

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91390 014 \*\*\*150.00

0613010 AV

**DOCUMENT # F96000004580**

1. Entity Name  
**H.E.L.P. REALTY, INC.**



Principal Place of Business  
**2001 BRYAN 3700  
DALLAS TX 75021**

Mailing Address  
**2001 BRYAN 3700  
DALLAS TX 75021  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2666568**

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **CROW, HARLAN R**  
STREET ADDRESS **2100 MCKINNEY AVE., STE 700**  
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **DBAS** ☒ Change ☐ Addition  
NAME **Suedmeyer, Kimberly K**  
STREET ADDRESS **541 S. Orlando Ave., STE 300**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **DV** ☐ Delete  
NAME **TERWILLIGER, J R**  
STREET ADDRESS **2859 PACES FERRY ROAD, STE 1100**  
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **DP** ☐ Delete  
NAME **WOOD, EDWARD O JR**  
STREET ADDRESS **201 NEW YORK AVE., STE 200**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **AS** ☐ Delete  
NAME **SHAMBLIN, LEE ANN**  
STREET ADDRESS **717 N. HARWOOD STE. 1200**  
CITY-ST-ZIP **DALLAS TX 75201**

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

TITLE **VST** ☐ Delete  
NAME **PATTERSON, THOMAS J**  
STREET ADDRESS **717 N. HARWOOD STE. 1200**  
CITY-ST-ZIP **DALLAS TX 75201**

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

TITLE **VAS** ☐ Delete  
NAME **SUEDMEYER, KIMBERLY K**  
STREET ADDRESS **541 S. ORLANDO AVE., STE 300**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition  
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 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: Lee Ann Shamblin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-03 214-922-8480**  
Date Daytime Phone #

CR2E034 (10/02)