

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 90716 021 ***150.00

DOCUMENT # **G70528**

1. Entity Name

Helene's, INC.



DO NOT WRITE IN THIS SPACE

11039620

2. Principal Place of Business

3665 E. Bay Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 204-144

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33771

Country

Pineellas

Zip

Country

4. FEI Number

59-2428278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark R. Mancuso

Street Address (P.O. Box Number is Not Acceptable)

8300 49th St. N.

City

Pinellas Park FL

Zip Code

33781

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PT
Mancuso, Karen H.
3665 E. Bay Drive Ste 204-144
Largo, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
Mark R. Mancuso
8300 49th St. N.
Pinellas Park, FL 33781**

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Karen H. Mancuso** Karen H. Mancuso 4-30-03 727-458-2084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)