FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90123 017 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # J52876

1. Entity Name

HELLE ENGINEERING CORPORATION



Principal Place of Business 9058 FRYLAND BLVD. ORLANDO FL 32817

Mailing Address 9058 FRYLAND BLVD. ORLANDO FL 32817

ORLANDO FL 32817				ORLANDO FL 32817							
										FIEN BOOK BOAR	. 6161) 9181 1 1881
2. Principal Place of Business 9058 Frylond Road Suite, Apt. #, etc.				3. Mailing Address 9058 Fryland Road Suite, Apt. #, etc.							
			Sui	ie, Api. #, eic.				CHECK HERE I	F MAKIN	IG CHANGE	S
Orlando, FL				City & State Orlands Fr			4. FEI Number	59-2752801			Applied For Not Applicable
Zip 32817-	-1712	Country	Zip	2817-1712	Country USA		5. Certificate o	Status Desired	×	\$8.75 A Fee Requi	dditional
	6. Name	e and Address of Curre	ent Register	ed Agent	Name	7	7. Name and A	ddress of New Re	gistered		eu
HELLE O	HELLE, STEVEN C.										,
9058 FRYLAND BLVD.				Street Address ((P.O. Box Number is Not Acceptable)				
ORLANDO FL 32817					-						
					ļ						
					City				FL	Zip Co	
8. The above the obliga	e named entit ations of regist	y submits this statemen tered agent.	t for the purp	ose of changing its	registered office	or registered	agent, or both,	in the State of Flori	da. I am	familiar with	, and accept
	_	asiou agont.									•
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE:	: Registered Agent signs	atura required who	on eninetasia - A				
		! FEE IS \$150.00				TO B TEQUIED WITE	on reinstating)	·	DATE		
Afte	r May 1, 200	3 Fee will be \$550.0	o ·				9. Electi	on Campaign Fina	ncing	\$5.0	00 May Be
Make Chec	k Payable to	Florida Department	of State				Trust	Fund Contribution.	<u></u>	☐ Adde	d to Fees
10.		OFFICERS AN	ID DIRECTO	RS	11.		ADDITIONS/CH	ANGES TO OFFIC	ERS AND) DIRECTOR	RS IN 11
TITLE NAME	VPS WESSON,	EVA N		☐ Delete	TITLE		1			Change	☐ Addition
STREET ADDRESS		NON DRIVE			NAME STREET APPROVA						
CITY-ST-ZIP	ORLANDO				STREET ADDRESS CITY-ST-ZIP						
TITLE	PTD	· · · · · · · · · · · · · · · · · · ·	-	☐ Delete	TITLE					Change	☐ Addition
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CITY-ST-ZİP	ORLANDO				STREET ADDRESS CITY-ST-ZIP	9068	Fetland	R040 32817-13			
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NAME				□ Delete	TITLE NAME					☐ Change	☐ Addition
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TITLE NAME				☐ Delete	TITLE					☐ Change	Addition
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NAME STREET ADORESS					NAME					☐ Change	☐ Addition
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12 I heroby or	ordife, the state of			<u></u>	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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 (407)657-453

CR2E034 (10/0