2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011365

1. Entity Name
HELIUM FLASH, L.L.C.

FILED

01 MAR 19 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13501 INGENUITY DRIVE. SUITE 100 ORLANDO FL 32826	13501 INGENUITY DRIVE. SUITE 100 ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P. O. Box 910	4. FEI Number 59-3669794	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State Winter Park FL		
Zip / Country USA	Zip 32790 / Country USA	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEATHERFORD, WILLIAM P JR. 1031 WEST MORSE BLVD. SUITE 105 WINTER PARK FL 32789	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE **MGR** NAME CHITTY, TRISTAN STREET ADDRESS 2665 GRAND AVENUE CITY-ST-ZIP DELAND FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2000039110243 -03/27/01--01011--009 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **MGR** NAME MOORE, SHAWN STREET ADDRESS 2665 GRAND AVENUE CITY-ST-ZIP DELAND FL 32720	☐ Delete	TITLE NAME STREET ADDRESS 3338 Arden Villas Blvd.,#1 CITY-ST-ZIP Orlando, FL 32817	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Mgr NAME Harward, Jack L. STREET ADDRESS 1286 Hillstream Drive CITY-ST-ZIP Geneva, FL 32432	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Mgr NAME Harward, Dennis J. STREET ADDRESS 4645 Albritton Road CITY-ST-ZIP St. Cloud, FL 34772	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Jack Harward_   3/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #