

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006392

1. Entity Name
HELMS FINANCIAL GROUP L.L.C.

APPROVED
AND
FILED

00 MAY -6 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011034
AF

Principal Place of Business
~~3009 GROVEWOOD COURT, SUITE E~~
TAMPA FL 33629

Mailing Address
~~3009 GROVEWOOD COURT, SUITE E~~
TAMPA FL 33629-8872



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3839 W. Kennedy Blvd
Suite, Apt. #, etc.

3. Mailing Address
3839 W. Kennedy Blvd
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33609

Country
USA

Zip
33609

Country
USA

4. FEI Number
59-3602097

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGINTY, A. EDWARD ESQ.
14004 ELLESMERE DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent
Name
John Helms
Street Address (P.O. Box Number is Not Acceptable)
3009 Groveswood Ct HE
City
Tampa FL Zip Code
33629

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 DATE 4/10/00
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELMS, JOHN E 3009 GROVEWOOD COURT, SUITE E TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003273630-06/01/00-01059-021 *****50.00 *****50.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED DATE 4/10/00 8:33 354-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (9/99)