2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M33005 **DOCUMENT #**

1. Entity Name

HELLENDER ENTERPRISES, INC.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90128 044 ***150.00

| Principal Plac 10575 ST THO BOCA RATON | DMAS DR | S | Mailing Address 7040 W PALMETTO PARK RD PMB 205 BOCA RATON FL 33433 | | | | | | | | |
|--|----------------|--|--|-------------|--|--|--|---------------------------------------|------------------------|---------------------------|--------|
| 2. Principal P | lace of Busir | ess | 3. Mailing Address | | | | I 40813011 100 ILION IIIII NOLII O | | IF EIBH DIDH O | IDIF UIBIK KOUF | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. | FEI Number 59-2679544 | 1 | | plied For t Applicable | 7 |
| Zip | | Country | Zip | Zip Country | | 5. | Certificate of Status Desired | | 8.75 Add ee Require | | 7 |
| | 6. Name | and Address of Current | Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | يحي السيبيات الداد | 2774. L | Name | · · · · · · · · · · · · · · · · · · · | *· : ~ | | | | 1 |
| HELLENDER, MARK 10575 ST THOMAS DR | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | TON FL 33 | | _ | | | | | | | | 1 |
| | | | | | City ' | | | , FL | Zip Code | 9 | 1 |
| the obligati | ions of regist | | | | ered office or ru | | gent, or both, in the State of FI | orida. I am fa | miliar with, | and accept | |
| 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 Fi Trust Fund Contribution | on. | Added | 0 May Be to Fees | |
| 10. | · | OFFICERS AND | DIRECTORS | 11 | 1. | Α | DDITIONS/CHANGES TO OFF | ICERS AND I | DIRECTOR | 5 IN 11 |], |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | er, Linda Thomas dr Ton Fl 33498 | | . NA St | TLE AME Treet address TY-St-Zip | | | | ☐ Change | ☐ Addition | 00,04, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10575 ST | ER, MARK T. THOMAS DR TON FL 33498 | □ D | N/ ST | TLE AME REET ADDRESS TY-ST-ZIP | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | . ST | TLE Ame Reet Address TY-ST-ZIP | or of the second second | againman ann an an an an an an an an | च क्रिन्च व्यक्तिका स्टब्स | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ D | NA St | TLE AME REET ADDRESS TY-ST-ZIP | | | | Change | ☐ Addition | • ! |
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| TITLE | | | □ D | elete Ti1 | TLE | | | , | Change | ☐ Addition | 1 |

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP