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FILED

02 DEC -2 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

43531

### 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001808

1. Entity Name  
**SHESGOTHELP.COM INC** ✓

Principal Place of Business Mailing Address  
6641 12TH AVENUE NORTH PO BOX 40552  
ST PETERSBURG FL 33710 ST PETERSBURG FL 33743-0552

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number **59-3109970** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHISZAR, DOUGLAS**  
6641 12TH AVENUE NORTH  
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Douglas Chiszar* *[Signature]* *[Signature]*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting.) DATE

After September 13, 2002, min. will be \$238.25.

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

#### 10. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Douglas Chiszar</b>	
STREET ADDRESS	<b>6641 12 Ave No</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Deborah Chiszar</b>	
STREET ADDRESS	<b>6641 12 Ave No</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Baker Chiszar</b>	
STREET ADDRESS	<b>6641 12 Ave No</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

#### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 517, 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.

SIGNATURE: *Douglas Chiszar* *[Signature]* *[Signature]*  
SIGNATURE ALSO TYPED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE 11/9/02 747381092

CR2E037 (4/02)

7/12/5