

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003825

1. Entity Name

HELP ME WALK, INCORPORATED

Principal Place of Business

6103 LAKESIDE DR
LUTZ FL 33549
US

Mailing Address

6103 LAKESIDE DRIVE
LUTZ FL 33549
US

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

59-3269610

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIXON, JERRIE L
6103 LAKESIDE DRIVE
LUTZ FL 33549

(Only Last Name)
Need To Be
Changed
Same Person

7. Name and Address of New Registered Agent

Name

JERRIE L SERRA

Street Address (P.O. Box Number is Not Acceptable)

6103 Lakeside Dr.

City

Lutz

FL

Zip Code

33549

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

JERRIE L. SERRA (Same person as JERRIE L. NIXON)

4-27-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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 PD
NAME SERRA, JERRIE L
STREET ADDRESS 6103 LAKESIDE DR
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE VD
NAME MARTINETTO, COSIMO
STREET ADDRESS 5016 NORTH 40TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Delete

TITLE SLD
NAME MARTINETTO, MICHAEL
STREET ADDRESS 5016 NORTH 40TH AVE
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SLD
NAME Kevin Serra
STREET ADDRESS 6103 Lakeside Dr.
CITY-ST-ZIP Lutz, FL 33549 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

JERRIE L. SERRA (Same person as JERRIE L. NIXON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

(813) 281-0300

Daytime Phone #

CR2E037 (10/00)