

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90398 031 ****61.25

DOCUMENT # N94000003825

1. Entity Name

HELP ME WALK, INCORPORATED

Principal Place of Business

Mailing Address

**6103 LAKESIDE DR
 LUTZ, FL 33549
 US**

**6103 LAKESIDE DRIVE
 LUTZ FL 33549
 US**

2. Principal Place of Business

6103 Lakeside Drive

3. Mailing Address

6103 Lakeside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lutz, FL

Lutz, FL

City & State

City & State

Zip

33558

Country

US

Zip

33558

Country

US

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

7. Name and Address of New Registered Agent

**SERRA, JERRIE L
 6103 LAKESIDE DRIVE
 LUTZ FL 33549**

Name

Same

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

Same

City

Same

FL

Zip Code
33558

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Same** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **Same**
 CITY-ST-ZIP **City-Same Zip- 33558**

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

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

TITLE **STD** ☐ Delete
 NAME **SERRA, KEVIN**
 STREET ADDRESS **6103 LAKESIDE DR**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **Same** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **Same**
 CITY-ST-ZIP **City-Same Zip- 33558**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *SIGNATURE REQUIRED* **Jerrie Lynn Serra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

813-281-0300 ext 3095

Daytime Phone #

CR2E037 (9/01)