

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 98000006470**

1. Entity Name

TX HELP INC.

Principal Place of Business

Mailing Address

**124 NE 19 CT. - B-219
FORT LAUDERDALE, FL.
33305-1046**

**PO BOX 39612
FORT LAUDERDALE, FL.
33339-9612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE FL.

4. FEI Number

65-0876438

Applied For

Not Applicable

Zip

Country

Zip

Country

33339-9612

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

932762

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOB SAVAGE
124 NE 19 CT STE B-219
FORT LAUDERDALE, FL.
33305-1046**

Name

BOB SAVAGE

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

124 NE 19 CT SUITE B-219

City

FORT LAUDERDALE

FL

Zip Code

33305-1046

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

Director

3-24-00

**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	DPT	<input type="checkbox"/> Delete
NAME	SAVAGE, BOB	
STREET ADDRESS	PO BOX 39612	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33339-9612	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BOZARTH, EDWARD	
STREET ADDRESS	PO BOX 39612	
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33339-9612	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLACK, DENISE M	
STREET ADDRESS	PO BOX 39612	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33339-9612	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00

Date

954-561-0300

Daytime Phone #

CR2E037 (9/99)