2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005206

1. Entity Name

SELECTIVE MUTISM GROUP, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90010 020 ****61.25

Principal Place of Business	Mailing Address
30 S. J ST.. 3A LAKE WORTH FL 33460	30 S. J ST.. 3A LAKE WORTH FL 33460-3734

DO NOT WRITE IN THIS SPACE

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 65-0946164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HELTA, THOMAS
1410 W. JENNINGS ST
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name ROBERT K HELTA

Street Address (P.O. Box Number is Not Acceptable) 30 S J ST, 3A

City LAKE WORTH **FL** Zip Code 33460

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 ROBERT K HELTA DIRECTOR 5/2/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D ROBERT K HELTA 30 S. J ST. 3A LAKE WORTH FL 33460	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE T THOMAS HELTA 1410 W. JENNINGS ST LANTANA FL 33460	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE T ANGELIQUE VIZZARRO 30 S J ST. 3A LAKE WORTH FL 33460	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 5/2/00 561-586-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #