

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 04, 2001 8:00 am
Secretary of State

03-21-2001 90049 017 ***150.00

DOCUMENT # P00000011901

1. Entity Name

HELPINGCLICKS.COM, INC.

Principal Place of Business

12824 TALLOWOOD DRIVE
RIVERVIEW FL 33569

Mailing Address

12824 TALLOWOOD DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

FEL Number

65-699 7776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: CHRISTOPHER P KAZOR
Street Address (P.O. Box Number is Not Acceptable): 12824 TALLOWOOD DR
City: RIVERVIEW FL 33569

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 of registered agent or principal officer and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	KAZOR, CHRISTOPHER P	
STREET ADDRESS	12824 TALLOWOOD DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAZOR, CHRISTINE S	
STREET ADDRESS	12824 TALLOWOOD DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL S AUSTIN	
STREET ADDRESS	1523 BURNING TREE LN BRANOM PL	
CITY-ST-ZIP	33570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA AUSTIN	
STREET ADDRESS	1523 BURNING TREE LN BRANOM PL	
CITY-ST-ZIP	33570	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT SPICER	
STREET ADDRESS	2240 EAGLE BLVD DR	
CITY-ST-ZIP	BRANOM PL 33570	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3-20-01

Date

8136772689

Daytime Phone #

CR2034 (10/00)