

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018360

1. Entity Name  
HELMS REALTY, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90166 008 \*\*\*150.00

Principal Place of Business  
610 W NINE MILE ROAD  
PENSACOLA FL 32534

Mailing Address  
610 W NINE MILE ROAD  
PENSACOLA FL 32534



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
8820 N. Palafox Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
8820 N. Palafox Hwy  
Suite, Apt. #, etc.

City & State  
Pensacola, FL  
Zip 32534 Country USA

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Pensacola, FL  
Zip 32534 Country USA

4. FEI Number  
59-3626673  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HELMS, DANNY D  
1256 JASPER STREET  
CANTONMENT FL 32533

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
8820 N. Palafox Hwy  
City Pensacola, FL Zip Code 32534

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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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

4/30/01  
Date  
850-505-0660  
Daytime Phone #

CR2E034 (10/00)