

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90949 021 ***150.00

DOCUMENT # P00000047046

1. Entity Name
R. D. HELGREN, INC.



Principal Place of Business

~~7299 STONEGATE DR~~ **12195 COLLIERS**
~~NAPLES FL 34109~~ **Reserve DR.**
NAPLES, FL 34110

Mailing Address

~~7299 STONEGATE DR~~ **12195 COLLIERS**
~~NAPLES FL 34109~~ **Reserve DR.**
NAPLES, FL 34110

2. Principal Place of Business

12195 COLLIERS Reserve DR

3. Mailing Address

12195 COLLIERS Reserve DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-3642707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELGREN, ROBERT D

~~7299 STONEGATE DR~~ **12195 COLLIERS Reserve DR.**
~~NAPLES FL 34109~~ **NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D HELGREN, ROBERT D**
STREET ADDRESS ~~7299 STONEGATE DR~~ **12195 COLLIERS Reserve DR**
CITY-ST-ZIP ~~NAPLES FL 34109~~ **NAPLES, FL 34110**

TITLE ☐ Delete
NAME **D HELGREN, BEVERLY**
STREET ADDRESS ~~7299 STONEGATE DR~~ **12195 COLLIERS Reserve DR**
CITY-ST-ZIP ~~NAPLES FL 34109~~ **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D HELGREN, ROBERT D**
STREET ADDRESS **12195 COLLIERS Reserve DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☒ Change ☐ Addition
NAME **D HELGREN, Beverly**
STREET ADDRESS **12195 COLLIERS Reserve DR**
CITY-ST-ZIP **NAPLES FL 34110**

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

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

TITLE ☐ Change ☐ Addition
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 607, 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
Robert D. Helgren

2/19/03

239-592-7918

Date

Daytime Phone #

CR2E034 (10/02)