

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90178 024 ***158.75

DOCUMENT # P00000048029

1. Entity Name
DIVITA & HELTSLEY FLORIDA REAL ESTATE, INC.

00047377



DO NOT WRITE IN THIS SPACE

Principal Place of Business 169 TEQUESTA DR TEQUESTA FL 33469	Mailing Address 169 TEQUESTA DR TEQUESTA FL 33469
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2. Principal Place of Business TEQUESTA DR 384 TEQUESTA DR	3. Mailing Address TEQUESTA DR 384 TEQUESTA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TEQUESTA, FLORIDA	City & State TEQUESTA FLORIDA	4. FEI Number 65-1014809	Applied For Not Applicable
Zip 33455	Country USA	Zip 33455	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, ROBERT A
501 SEA OATS DR, STE. A-1
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name **CHARLES M. HELTSLEY JR.**
 Street Address (P.O. Box Number is Not Acceptable)
6984 SE BUNKERHILL DRIVE
 City **HOBE SOUND** FL Zip Code **33455**

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 Charles M. Heltsley Jr. DATE 4/10/2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HELTSLEY, CHARLES M 6984 SE BUNKERHILL DR HOBE SOUND FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DIVITA, SANDRA M 1036 US HWY ONE N PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles M. Heltsley Jr. DATE 4/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)