

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

09-18-2003 90029 017 \*\*\*150.00

**DOCUMENT # P01000079963**

**1. Entity Name**  
**NEAL HELSEL & ASSOCIATES, INC.**



**Principal Place of Business**  
**1301 SEMINOLE BLVD SUITE 128/113**  
**LARGO FL 33770**

**Mailing Address**  
**PO BOX 1476**  
**LARGO FL 33779**



**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** **65-1134192**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FINANCIAL FOUNDATIONS, INC.**  
**3150 SANDY RIDGE DRIVE**  
**CLEARWATER FL 33761**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HELSEL, NEAL D 1301 SEMINOLE BLVD SUITE 128 LARGO FL 33770</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 HELSEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-16-03

Date

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT # P01000079963

**NEAL HELSEL & ASSOCIATES, INC.**  
**A CAREER SEARCH GROUP**

80148984

September 16, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is my 2003 For-Profit Corporation Uniform Business Report (UBR) and check number 403 in the amount of \$150.00.

I did not receive the original form that was to be filed in June, and apparently due to our physical office move this form was delayed.

I respectfully request the late filing fee be waved.

Please note the change in address and I will also make an address request change online.

Sincerely,

  
Neal Helsel