

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084900

Entity Name

FLORIDA HOME HELPERS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90075 044 ***150.00

0537420 AV

Principal Place of Business

5308 SPRING HILL DRIVE
SPRING HILL FL 34606

Mailing Address

5308 SPRING HILL DRIVE
SPRING HILL FL 34606

00000007



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

8704 Grady Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bridgewater, VA

4. FEI Number

59-3744190

Applied For

Not Applicable

Zip

Country

Zip

Country

22812

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, DAVID R
5308 SPRING HILL DRIVE
SPRING HILL FL 34606

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8. 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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
D
BALCERAK, WALTER
8704 GRADY PLACE
BRIDGEWATER VA 22812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
D/P/T/S
Balcerak, Walter
8704 Grady Place
Bridgewater, VA 22812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02 3023830065

CR2E034 (9/01)