

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90168 017 ***150.00

DOCUMENT # P02000012706

1. Entity Name
HELM GROUP PROPERTIES INC



Principal Place of Business
343 N TROPICAL TRAIL
101
MERRITT ISLAND FL 32953

Mailing Address
343 N TROPICAL TRAIL
101
MERRITT ISLAND FL 32953

2. Principal Place of Business

1827 LIVE OAK DR S

3. Mailing Address

1827 LIVE OAK DR S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE

City & State

ROCKLEDGE

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

4. FEI Number

27-0000911

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

HARRIS, GERRY A
343 N TROPICAL TRAIL
101
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

GERRY A. HARRIS

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

1827 LIVE OAK DR S

City

ROCKLEDGE

FL

Zip Code

32955

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/26/03

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES
STREET ADDRESS	GERRY A. HARRIS
CITY-ST-ZIP	1827 LIVE OAK DR S
	ROCKLEDGE, FL 32955
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	GARY EAST
CITY-ST-ZIP	1675 S. FISKE BLVD H132
	ROCKLEDGE, FL 32955
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREAS.
STREET ADDRESS	LINDA K. HARRIS
CITY-ST-ZIP	1827 LIVE OAK DR S
	ROCKLEDGE, FL 32955
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec.
STREET ADDRESS	MARY EAST
CITY-ST-ZIP	1675 S. FISKE BLVD H132
	ROCKLEDGE, FL 32955
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 321-258-0727

Daytime Phone #

CR2E034 (10/02)