

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

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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
Suite, Apt. #, etc.

3. Mailing Address
1827 LIVE OAK DR S
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ROCKLEDGE

City & State
ROCKLEDGE

4. FEI Number
27-0000911

Applied For
 Not Applicable

Zip Country
32955 BREVARD

Zip Country
32955 BREVARD

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

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: *Gerry A. Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: *Gerry A. Harris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/26/03 321-258-0727

Daytime Phone #

Daytime Phone #

CR2E034 (10/02)