
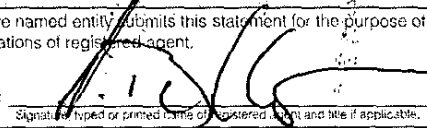
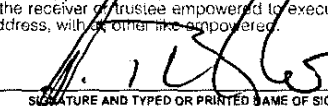


FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90072 010 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000040884 P02222240884			
1. Entity Name HELICART, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 123 SAN SALVADOR ST.		3. Mailing Address 123 SAN SALVADOR ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34113	Country USA	Zip 34113	Country USA
4. FEI Number 04-3643247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ANTON BURTSCHER			
Street Address (P.O. Box Number is Not Acceptable) 123 SAN SALVADOR ST.			
City NAPLES, FL		Zip Code FL 34113	
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 		ANTON BURTSCHER, PRESIDENT	
Date 07/31/1003		DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PVPIT/IS ANTON BURTSCHER 123 SAN SALVADOR ST. NAPLES, FL 34113			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with or without being empowered.			
SIGNATURE: 		ANTON BURTSCHER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 07/31/2003	
		Daytime Phone # 239-289 2023	

CR2E034B (12/02)

Attachment#
80136141
P02222240884

HELICART, INC.
123 San Salvador St.
Naples, FL 34113
Document Number
P02000040884

July 31, 2003

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

Ref: Uniform Business Report for 2003 / Request waiver late fee

To whom it may concern:

We are a young company, which was established last year.

~~This week I have enquired per e-mail about the UBR mail-out for our company. Your~~
office has informed me, that the UBR has been mailed out in January, but unfortunately
we have never received it.

As suggested I have printed out a UBR from your website and completed the form. I ask
you; to review this case and to waive the late fee as this delay happened through unusual
circumstances.

I thank you very much for your time and apologize for the additional work I have caused
for you.

Sincere Regards,



Anton Burtscher
President
HELICART, INC.