4

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN 27 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900025727349

DOCUMENT # P02000081333

1. Entity Name
H.E.L.P. OF BREVARD INC.

Principal Place of Business	Mailing Address
1550 ORANGE BLOSSOM TRAIL, NE PALM BAY, FL 32905 US	1550 ORANGE BLOSSOM TRAIL, NE PALM BAY, FL 32905 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4203217 ☐ Applied For ☐ Not Applicable

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
BEAUPRE, RICHARD U 1550 ORANGE BLOSSOM TRAIL, NE PALM BAY, FL 32905	Name - Jack Gilbert Street Address (P.O. Box Number is Not Acceptable) 1550 Orange Blossom TR City Palm Bay FL Zip Code 32905

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 Jack R Gilbert 7/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	P BEAUPRE, RICHARD U 1550 ORANGE BLOSSOM TRAIL, NE PALM BAY, FL 32905 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jack Gilbert 1550 Orange Blossom TR Palm Bay FL - 32905 ☐ Change ☒ Addition
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CR2E034 (10/02)

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: Richard Beaupre / Jack R Gilbert 1/24/04 (321) 403-3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #