

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90065 049 \*\*\*150.00

**DOCUMENT # P39894**

1. Entity Name

**HELIOS RESEARCH CORP.**

Principal Place of Business

Mailing Address

**38 DAKIN ST.  
P.O. BOX 307  
MUMFORD NY 14511****38 DAKIN ST.  
P.O. BOX 307  
MUMFORD NY 14511-0307**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**16-1154052**

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

**NICODEMUS, CARL  
261 OCEAN RESIDENCE COURT  
SATELLITE BEACH FL 32937**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 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	DCP	<input type="checkbox"/> Delete
NAME	NICODEMUS, CARL	
STREET ADDRESS	261 OCEAN RESIDENCE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	51 CALLINGHAM RD	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALKNER, GERT E.	
STREET ADDRESS	42 GENESEE VALLEY RD.	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NICODEMUS, BLAKE T.	
STREET ADDRESS	6 WIDGER ROAD	
CITY-ST-ZIP	SPENCERPORT NY 14559	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICODEMUS, A. LEE	
STREET ADDRESS	261 OCEAN RESIDENCE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	51 CALLINGHAM RD	
CITY-ST-ZIP	PITTSFORD NY	

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/00 716 968 8710**