

DOCUMENT # P93000061765

1. Entity Name

HELMS BROS, INC.

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90064 033 \*\*\*150.00

Principal Place of Business

7201 PLUMOSA LANE  
FT PIERCE FL 34951

Mailing Address

7201 PLUMOSA LANE  
FT PIERCE FL 34951

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0426200**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HELMS, JERRY  
7201 PLUMOSA LANE  
FT PIERCE FL 34951

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HELMS, JERRY	
STREET ADDRESS	7201 PLUMOSA LANE	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HELMS, HAROLD D	
STREET ADDRESS	722 S.W. GOODRICH ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HELMS, CAROLYN	
STREET ADDRESS	7201 PLUMOSA LANE	
CITY-ST-ZIP	FT PIERCE FL 34951	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: Harold D. Helms  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD D. HELMS

1-6-01

Date

561-971-7584

Daytime Phone #

CR2E034 (10/00)