

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91156 036 \*\*\*150.00

**DOCUMENT # P95000006704**

1. Entity Name  
**NOHELP, INC.**



Principal Place of Business  
**250 WEST SAMPLE ROAD  
NO. B-204  
POMPANO BEACH, FL 33064**

Mailing Address  
**250 WEST SAMPLE ROAD  
NO. B-204  
POMPANO BEACH, FL 33064**

**11040815**

2. Principal Place of Business  
**665 SE 10 ST #100  
Suite, Apt. #, etc.**

3. Mailing Address  
**665 SE 10 ST #100  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Deerfield Beach FL**  
Zip  
**33441**  
Country  
**USA**

City & State  
**Deerfield Beach FL**  
Zip  
**33441**  
Country  
**USA**

4. FEI Number  
**65-0550525**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REYNOLDS, LAWRENCE  
250 WEST SAMPLE ROAD  
NO. B-204  
POMPANO BEACH, FL 33064**

**7. Name and Address of New Registered Agent**

Name  
**Reynolds, Lawrence N.**  
Street Address (P.O. Box Number is Not Acceptable)  
**665 SE 10 ST #100  
City Deerfield Beach FL Zip Code 33441**

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 *Lawrence N. Reynolds* **Lawrence N. Reynolds, Pres.** **4-29-03**  
(NOTE: Registered Agent's signature required when reinstating) 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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
REYNOLDS, LAWRENCE N  
250 WEST SAMPLE ROAD, NO. B-204  
POMPANO BEACH, FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CORBETT, JOANN  
250 W. SAMPLE ROAD, NO. B-204  
POMPANO BEACH, FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**665 SE 10 ST #100  
Deerfield Bch FL 33441** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**o/o 665 SE 10 ST #100  
Deerfield Beach FL 33441** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Lawrence N. Reynolds* **Lawrence N. Reynolds, Pres.** **4-29-03** (954) 480-9477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)