

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062322

1. Entity Name

JAMES HELMS MASONRY, INC.

Principal Place of Business

205 FLEMING AVE  
GREENACRES FL 33463

Mailing Address

205 FLEMING AVE  
GREENACRES FL 33463

2. Principal Place of Business

12475 59TH ST N  
Suite, Apt. #, etc.

3. Mailing Address

12475 59TH ST N  
Suite, Apt. #, etc.

City & State

Royal Palm Beach

City & State

Royal Palm Beach

Zip

33411-8547

Country

Palm Beach

Zip

33411

Country

Palm Beach

6. Name and Address of Current Registered Agent

HELMS, JAMES  
205 FLEMING AVE  
GREENACRES FL 33463

Name

HELMS, JAMES

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

City

12475 59TH ST N

Royal Palm Beach

FL

Zip Code

33411-8547

7. Name and Address of New Registered Agent

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELMS, JAMES W 205 FLEMING AVE GREENACRES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12475 59TH ST N Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*James W. Helms*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James W. Helms*

Date

*561-791-3041*

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)