

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062322

1. Entity Name  
**JAMES HELMS MASONRY, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90229 027 \*\*\*150.00

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**  
Zip  
**33411-8547**

City & State  
**ROYAL PALM BEACH**  
Zip  
**33411-8547**

4. FEI Number **65-0690976**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HELMS, JAMES  
205 FLEMING AVE  
GREENACRES FL 33463**

7. Name and Address of New Registered Agent  
Name **HELMS, JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**12475 59TH ST N**  
City **ROYAL PALM BEACH** FL Zip Code **33411-8547**

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's 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HELMS, JAMES W</b>	
STREET ADDRESS	<b>205 FLEMING AVE</b>	
CITY-ST-ZIP	<b>GREENACRES FL</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>12475 59TH ST N</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33411</b>
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	
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	

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

**JAMES W. HELMS**

Date

Daytime Phone #

**561-791-3041**

CR2E034 (10/00)