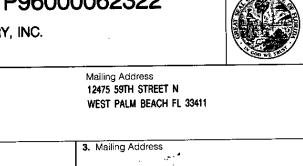
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000062322 **DOCUMENT #**

1. Entity Name

JAMES HELMS MASONRY, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90160 024 ***150.00

Principal Place of Business 12475 59TH STREET N WEST PALM BEACH FL 33411			Mailing Address 12475 59TH STREET N WEST PALM BEACH FL 33411									
2. Principal Pl	ace of Busin	ess	3. Mailing Address					i 1881/1881 418 181/18 81/17 68/17 88/17 88/17				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City	& State			4. [FEI Number 65-0690976		Not /	lied For Applicable	
Zip Country			Zip	Country .			•	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	Registered Agent			7. Name and Address of New Registered Agen			nt .		
HELMS, JAMES 12475 59TH STREET N				Nam Stree			treet Address (P.O. Box Number is Not Acceptable)					
WEST PAL	M BEACH	FL 33411-8547				City			FL Zip	Code		
						1 '			1	***		
the obligat		y submits this statement for tered agent.	or the purp	oose of changing it	ts register	ed office or reg	istered ag	ent, or both, in the State of Florida.	. Tam familiar v	vitin, ai	nu accept	
SIGNATURE .	Signature, typer	d or printed name of registered agent	and title if app	olicable. (NO	TE: Registere	ed Agent signature re	quired when r	reinstating)	DATE			
After	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State				٠.	Election Campaign Finance Trust Fund Contribution.			May Be to Fees	
10.		OFFICERS AND		DRS	11.	·	Αſ	DDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS	IN 11	
TITLE	P	0111021107111		☐ Delete	TITL	E	-		☐ Cha	nge	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HELMS, J 12475 59	AMES W TH STREET NORTH LM BEACH FL 33411				ME EET ADDRESS Y-ST-ZIP						
TITLE NAME STREET ADDRESS			,	☐ Delete		ME EET ADDRESS			□ Cha	nge	☐ Addition	
CITY-ST-ZIP	-			Delete		Y-ST-ZIP	7: ====			inge	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP					NAM STR							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		ME REET ADDRESS Y-ST-ZIP		o 110 07/3Vi) Florida Statutes fu	Ch		Addition	
				4	f 1 h	amation stated	in Sontini	o italiuusuu Elonda Statutes (TUI	mer ceruiv ilia	. u io ii'	nominadon l	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

30411