

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90047 004 \*\*\*150.00

DOCUMENT # P96000075116

1. Entity Name

HELP-YOU-BUILD OWNER/BUILDER SERVICES INC.

Principal Place of Business

Mailing Address

1385 HIGHWAY A1A

1385 HIGHWAY A1A

UNIT 101

UNIT 101

SATELLITE BEACH FL 32937

SATELLITE BEACH FL 32937-2413

2. Principal Place of Business

3. Mailing Address

1831 Hwy A1A

1831 Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 3201

Unit 3201

City & State

City & State

Indian Harbour Beach, FL

Indian Harbour Beach, FL

Zip

Country

Zip

Country

32937-3584

U.S.A.

32937-3584

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Anderson, Steven G.

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

1831 Hwy. A1A

Unit 3201

City

Indian Harbour Beach

FL

Zip Code

32937

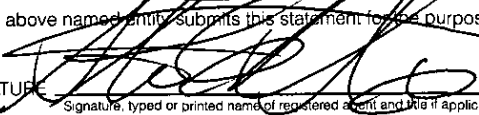
ANDERSON, STEVEN G

1385 HIGHWAY A1A

UNIT 101

SATELLITE BEACH FL 32937

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:  Steven G. Anderson, PVS 4/20/00  
(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, 2000 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 PVS ANDERSON, STEVEN G STREET ADDRESS 1385 HIGHWAY A1A, #101 CITY-ST-ZIP SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete TITLE NAME PVS Anderson, Steven G. STREET ADDRESS 1831 Hwy A1A, #3201 CITY-ST-ZIP Indian Harbour Beach, FL 32937-3584 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(321) 956-7191

Daytime Phone #

CR2E034 (9/99)