2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P97000000195** 1. Entity Name HELIX SYSTEMS, INC. 05-11-2000 90325 033 ***150.00 Principal Place of Business Mailing Address 2971 KEYSTONE ROAD 2971 KEYSTONE ROAD TARPON SPRINGS FL 34689-7414 TARPON SPRINGS FL 34689 The state of the s 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3416211 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~6.-Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent -- -STEWART, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 2971 KEYSTONE ROAD TARPON SPRINGS FL 34689 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** ☐ Change ☐ Addition TITLE TITLE ☐ Delete STEWART, WILLIAM S NAME NAME 2971 KEYSTONE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS SHEET ADDRESS CITY-ST-ZIP . . 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 with 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 executive feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Illian S. Stewat, President 4