

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90085 007 ***150.00

DOCUMENT # P97000016456

1. Entity Name
HELFFERICH CORPORATION



Principal Place of Business
**302 LEE BLVD., SUITE 102
LEHIGH ACRES FL 33936**

Mailing Address
**25 HOMESTEAD RD
SUITE 11
LEHIGH ACRES FL 33936**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0862593**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, JOHN M

Name

~~302 LEE BLVD., SUITE 102~~
LEHIGH ACRES FL 33936

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

8911 Daniels Pkwy, Ste 6

City

Fort Myers

FL

33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HELFFERICH, FRANK**
STREET ADDRESS ~~302 LEE BLVD., SUITE 102~~
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☒ Change ☐ Addition
NAME **8911 Daniels Pkwy Ste 6**
STREET ADDRESS **Fort Myers FL 33912**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MORGAN, JOHN M**
STREET ADDRESS ~~302 LEE BLVD SUITE 102~~
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☒ Change ☐ Addition
NAME **8911 Daniels Pkwy Ste 6**
STREET ADDRESS **Fort Myers FL 33912**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: **SEANATASHA REID MORGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

239-454-0572

Date

Daytime Phone #

CR2E034 (10/02)