**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000072444 1. Entity Name HELP MATE, INC. 04-10-2001 90125 044 \*\*\*150.00 Principal Place of Business Mailing Address 2375 BRIARWOOD ST 2375 BRIARWOOD ST UUU4411117 PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980 Principal Place of Business 3193 Mc CANDLESS AVE 3. Mailing Address 23/93 Me CANdless Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ity & State City & State 4. FEI Number 59-3470613 Applied For harlotte Not Applicable ChAZ/otte \$8.75 Additional 5. Certificate of Status Desired 33980 harlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~~ Name STEVENS, PHYLLIS J Street Address (P.O. Box Number is Not Acceptable) 2375 BRIARWOOD STREET PORT CHARLOTTE FL 33980 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SAML CR2E034 (10/00) TITLE TITLE Change ☐ Addition ☐ Delete JAME Me CANdless Ave. 23193 Me CANdless Ave. PORT CHARlotte-FL 33980 STEVENS, PHYLLIS J NAME NAME STREET ADDRESS 2375 BRIARWOOD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 ۷P TITLE ☐ Delete TITLE ☐ Addition GAME STONE, ROBERT R NAME NAME 2375 BRIARWOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 affactory-int with an address, with all other like empowered.