

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

053197 AV

04-01-2002 90052 017 ***150.00

DOCUMENT # P97000085018

1. Entity Name

G. H. SALES, INC.

Principal Place of Business

**6415 S TEX PT
HOMOSASSA FL 34446
US**

Mailing Address

**~~117 ANTON CT~~
HOMOSASSA FL 34446**

2. Principal Place of Business

3. Mailing Address

38 Highwood PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMOSASSA, FL

4. FEI Number

59-3469208

Applied For

Not Applicable

Zip

Country

Zip

Country

34446

US

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

HELMS, GARY

117 ANTON CT

HOMOSASSA FL 34446

Name

GARY Helms

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

38 Highwood PATH

City

HOMOSASSA

FL

Zip Code

34446

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

Gary Helms

GARY Helms

3-25-02

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

(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, 2002 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 STREET ADDRESS CITY-ST-ZIP | ST HELMS, GAIL F 117 ANTON CT HOMOSASSA FL 34446 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Helms, GAIL F 38 Highwood PATH HOMOSASSA, FL 34446 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT (P) GARY Helms 38 Highwood PATH HOMOSASSA, FL 34446 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
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| 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:

Gary Helms **GARY Helms**

3-25-02

352-382-1063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)