

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029738

1. Entity Name

THE HELMER CORPORATION

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90111 004 ***158.75

Principal Place of Business

4920 PALMETTO POINT DR.
PALMETTO FL 34221

Mailing Address

P.O. BOX 96
PALMETTO FL 34220-0096

00041441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0822931

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANGDON ACCOUNTING & TAX SERVICE, INC.
2141 SOUTH TAMSAMI TRAIL
VENICE FL 34293

Name

Allen E. Langdon

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

125 First Avenue

City

Wokomis

FL

Zip Code

34275

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

Allen E. Langdon

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

(NOTE: Registered Agent signature required when reinstating)

2-14-00

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
STREET ADDRESS
CITY-ST-ZIP

D
HELMER, SHAWN F
4920 PALMETTO POINT DR.
PALMETTO FL 34221

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPTS
Helmer, Shawn F.
4920 Palmetto Point Dr.
Palmetto, FL 34221

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Shawn F. Helmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 March 00

Date

Daytime Phone #

CR2F034 (9/99)