

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**  
01-20-2000 90119 010 \*\*\*150.00

DOCUMENT # **P99000012675**

1. Entity Name  
**HELIOCOL UPM, INC.**

Principal Place of Business  
**1609 CHERRYWOOD LANE  
LONGWOOD FL 32750**

Mailing Address  
**1609 CHERRYWOOD LANE  
LONGWOOD FL 32750-3454**

2. Principal Place of Business  
  
Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3554962**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERRIOS, JOSEPH  
1609 CHERRYWOOD LANE  
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
Name  
**EDWARD E. ESCHENROEDER**  
Street Address (P.O. Box Number is Not Acceptable)  
**13300 INDIAN ROCKS RD #2101**  
City  
**LARGO, FL** FL Zip Code  
**33774**

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 **EDWARD E. ESCHENROEDER** *Edward E. Eschenroeder* DATE **01/13/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EYAL, VICTOR</b>	
STREET ADDRESS	<b>927 FERN STREET STE. 200</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESCHENROEDER, ROGER</b>	
STREET ADDRESS	<b>13620 49TH STREET NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERRIOS, JOSEPH</b>	
STREET ADDRESS	<b>1609 CHERRYWOOD LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: **EDWARD E. ESCHENROEDER** *Edward E. Eschenroeder* DATE **1/14/00** 727-572-6555  
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)