


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000012675</b>		
1. Entity Name HELIOCOL UPM, INC.		
Principal Place of Business 13620 49TH ST. N. CLEARWATER, FL 33762	Mailing Address 13620 49TH ST. N. CLEARWATER, FL 33762	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ESCHENROEDER, EDWARD E 13300 INDIAN ROCKS RD #2101 LARGO, FL 32774		<b>DO NOT WRITE IN THIS SPACE</b>



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3554962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

(NOTP: Registered Agent's signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EYAL, VICTOR 927 FERN STREET STE. 200 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESCHENROEDER, ROGER 13620 49TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04

(727) 572-6655