

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014519

1. Entity Name

HELP-YOU-BUILD OF AMERICA, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90110 018 ***150.00

Principal Place of Business

1385 HWY. A1A, UNIT 101
SATELLITE BEACH FL 32937

Mailing Address

1385 HWY. A1A, UNIT 101
SATELLITE BEACH FL 32937-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1831 HWY A1A, Unit 3201

Suite, Apt. #, etc.

1831 HWY A1A, Unit 3201

City & State

Indian Harbour Beach, FL

City & State

Indian Harbour Beach, FL

Zip

Country

32937-3584 USA

Zip

Country

32937-3584 USA

4. FEI Number

59-3556930

Applied For

Not Applicable

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

REEL, LINDA K

1385 HWY. A1A, UNIT 101

SATELLITE BEACH FL 32937

Name

REEL, LINDA K

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

1831 HWY A1A, #3201

City

Indian Harbour Beach FL

Zip Code

32937

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

Linda K. Reel LINDA K. REEL PRESIDENT 3-21-00

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, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer Steven G. Anderson 1831 HWY A1A, #3201 Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda K. Reel 1831 HWY A1A, #3201 Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David W. Gray 1831 HWY A1A, #3201 Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:

Linda K. Reel LINDA K. REEL 3-21-00 (321) 956-7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)