2001	UNIFORM BUSI	NESS REPO	RT (UI	BR)	FILE	D			
DOCUMENT # P9900014519 1. Entity Name HELP-YOU-BUILD OF AMERICA, INC.					Apr 27, 2001 08:00 AM Secretary of State				
Principal Plac 1831 HWY A1A UNIT 3201 SATELLITE B 32937	A	Mailing Address 1831 HWY AIA UNIT 3201 SATELLITE BEACH 32937	FL						
2. Principal Place of Business 115 AMSDELL RD.		3. Mailing Address 1945 N. HWY A1A							
Suite, Apt. #, etc. UNIT 122		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	AND FL	City & State INDIALANTIC	FL		4. FEI Number 59-3556930		\rightarrow	olied For Applicable]
Zip 32952	Country	Zip 32903	Country		5. Certificate of Status Desired		75 Addi Required		
	6. Name and Address of Current R				7. Name and Address of New				1
REEL LINDA K 1831 HWY A1A UNIT#3201 SATELLITE BEACH FL 32937				L LI	NDA K 20. Box Number is Not Acceptab	le)	Zip Code		
			INĎI	ALANTIC	<u> </u>		32903		
9. This corporate filling representations (See criter)	LINDA K. REEL Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	d title if applicable. (NOTE: FILE NOW!!! After MAY 1, 200 Make Check Payable	Registered Agent s FEE IS \$1 1 Fee Will be	ignature required v	when reinstating) 10. Election Campaign F Trust Fund Contributi	DATE inancing on.	\$5.00 Added		
11.	OFFICERS AND D		12.	1 ==	ADDITIONS/CHANGES TO OF			IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY DAVID W 1831 HWY A1A #3201 SATELLITE BEACH	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		DAVID W I. HWY A1A LANTIC	FL 3290	Change	Addition	5034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEL LINDA K 1831 HWY A1A #3201 SATELLITE BEACH	☐ Delete _ , FL 32937	TITLE NAME STREET ADDRE CITY-ST-ZIP		LINDA K . HWY A1A LANTIC	FL 3290	Change	Addition	CR2EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON STEVEN G 1831 HWY A1A #3201 SATELLITE BEACH	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		RSON STEVEN G . HWY A1A LANTIC	FL 3290	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			Change 	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP				Change	Addition	
of the cor changed,	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that my rered to execute this report a:	/ eimnati iro en:	all hava tha e	ame legal offect on it made unde	مصمما فمطنيطفهما	- efficación		}
SIGNAT		NTED NAME OF SIGNING OFFICER OF	R DIRECTOR		P 04/27/2001 Date	Daytime	Phone #		

Daytime Phone #