

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90467 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99002049789

1. Entity Name

M.L. HELM INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10551 FAIR PINE ST.
Suite, Apt. #, etc.

3. Mailing Address

10551 FAIR PINE ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL.

4. FEI Number

54-3579480

Applied For

☐ Not Applicable

Zip

32506

Country

U.S.A.

Zip

32506

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN GLASSMAN

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

504 NORTH BAYLEN ST.

City

PENSACOLA

FL

Zip Code

32501

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-5-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PRESIDENT
NAME JOHN WALTERS
STREET ADDRESS 10551 FAIR PINE ST.
CITY - ST - ZIP PENSACOLA, FL. 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V/S
NAME JANIS WALTERS
STREET ADDRESS 10551 FAIR PINE ST.
CITY - ST - ZIP PENSACOLA, FL. 32506

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Walters

John Walters

4-5-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)