

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 044 ***150.00

DOCUMENT # P99000054672

1. Entity Name

HELEN MARTIN NEWBOLD, P.A.

Principal Place of Business

Mailing Address

834-39TH AVENUE N.
 ST. PETERSBURG FL 33703

834-39TH AVENUE N.
 ST. PETERSBURG FL 33703-4627

2. Principal Place of Business

3. Mailing Address

3434 4th St. North

834 39th
~~ST. PETERSBURG AVENUE NORTH~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9

City & State

City & State

St Petersburg, FL

St Petersburg, FL

Zip

Country

Zip

Country

33704 U.S.A

33703 U.S.A.

4. FEI Number

Applied For

59-3583262

Not Applicable

5. Certificate of Status Desired Additional Fee Required

\$8.75



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBOLD, HELEN MARTIN
834-39TH AVENUE N.
ST. PETERSBURG FL 33703

Name

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

City

FL

Zip Code

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

Helen Martin Newbold

4/14/2000

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
	D			
	NEWBOLD, HELEN MARTIN	834-39TH AVENUE N.	ST. PETERSBURG FL 33703	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(l), 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:

Helen Martin Newbold
HELEN MARTIN NEWBOLD

Date

Daytime Phone #

4/14/2000

CR2E034 (9/99)