

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061111

1. Entity Name

THE HELMET SOURCE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90390 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2519-NORTH OCEAN BLVD., SUITE #315  
BOCA RATON FL 33431

2519-NORTH OCEAN BLVD., SUITE #315  
BOCA RATON FL 33431

2. Principal Place of Business

455 SE 1ST AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

4. FEI Number

65 096 5773

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

Country

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

BOLUFE, JORGE R  
22412 - CYPRESS WOOD LANE  
BOCA RATON FL 33428

Name

STEVEN E. RICHMOND

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

2519 N. OCEAN BLVD #315

City

BOCA RATON

FL

Zip Code

33431

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 reinstating)

DATE

4/2/00

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  
DPS  
RICHMOND, STEVEN E  
2519-NORTH OCEAN BLVD., SUITE #315  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

561 243 4009

Daytime Phone #

CR2E034 (9/99)