

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077438

1. Entity Name

HELMS DEVELOPMENT GROUP, INC.

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

04-27-2000 90075 005 ***150.00

Principal Place of Business

740 WINGROVE TRAIL
MAITLAND FL 32751

Mailing Address

740 WINGROVE TRAIL
MAITLAND FL 32751

2. Principal Place of Business

740 Wingrove trail
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

Maitland FL 32751

City & State

Maitland FL 32751

4. FEI Number

59-3593650

Applied For

Not Applicable

Zip

Country

Orange

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

FLEMING, AYUB
740 WINGROVE TRAIL
MAITLAND FL 32751

Name

N/A

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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	D FLEMING, AYUB 740 WINGROVE TRAIL MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y. B. Fleming Pres.

Date

4/20/00

Daytime Phone #

407-252-7593

CR2E034 (9/99)