

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 036 ***150.00

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

DOCUMENT # P990000093521

1. Entity Name
Assisting U, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7245 35 av. n

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 40515

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Petersburg, FL

City & State

St Petersburg FL

4. FEI Number

59-3605067

Applied For

Not Applicable

Zip

33710

Country

Pinellas

Zip

33743

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Aimee R. Mullins

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

7245 35 av. n

City

St Petersburg

FL

Zip Code

33710

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 reappointing)

DATE

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
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Aimee R. Mullins
7245 35 av. n
St Petersburg FL 33710

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**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:

Aimee Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR