

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 018 ***150.00

DOCUMENT # P99000099548

1. Entity Name

HELP INNOVATIONS ACQUISITION CORP.

Principal Place of Business

Mailing Address

SOUTH CONGRESS AVENUE, SUITE 400
BEACH FL 334261903 SOUTH CONGRESS AVENUE, SUITE 400
BOYNTON BEACH FL 33426-6559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2503745

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BIVINS, DANIEL W JR
1903 SOUTH CONGRESS AVENUE, SUITE 400
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAINES, JOHN	
STREET ADDRESS	1903 SOUTH CONGRESS AVENUE, SUITE 400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAN, LINDA	
STREET ADDRESS	1311 WAKARUSA DRIVE SUITE 2200	
CITY-ST-ZIP	LAWRENCE KS 66049	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERSHES, PAUL	
STREET ADDRESS	1903 SOUTH CONGRESS AVENUE, SUITE 400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1903 S. Congress Ave # 400	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Schumann	
STREET ADDRESS	1903 S. Congress Ave # 400	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael F. Morrell	
STREET ADDRESS	1903 S. Congress Ave., Suite 400	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dana Pusateri	
STREET ADDRESS	1903 S. Congress Ave, Suite 400	
CITY-ST-ZIP	Boynton Beach, FL 33426	

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

Denise Schumann 4/28/00 (561) 737-2227

Date

Daytime Phone #

CR2E034 (9/99)