

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000106772

1. Entity Name

CONSUMER HELP CENTER, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90280 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1000 SILVER STAR RD. SUITE 170  
FL 32808

4823 SILVER STAR RD. SUITE 170  
ORLANDO FL 32808

2. Principal Place of Business

201 Park Place

Suite, Apt. #, etc.

Suite 205

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

3. Mailing Address

201 Park Place

Suite, Apt. #, etc.

Suite 205

City & State

Altamonte Springs, FL

Zip

32701

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, R. SPENCER  
126 E JEFFERSON ST  
ORLANDO FL 32801

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME FICHTNER, PATRICK  
STREET ADDRESS LUCILLE WAY 308 Lucille Way  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete

NAME FICHTNER, PATRICK  
STREET ADDRESS LUCILLE WAY 308 Lucille Way  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

Patrick Fichtner 5-31-00

407-797-5676

CR2E034 (9/99)