

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90003 026 ***150.00

DOCUMENT # V06581

1. Entity Name

JAMES L. HELMERS, M.D., P.A.

Principal Place of Business

**104 ELDERBERRY LANE
LONGWOOD FL 32779**

Mailing Address

**104 ELDERBERRY LANE
LONGWOOD FL 32779**

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

59-3099387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HELMERS, JAMES L.
104 ELDERBERRY LANE
LONGWOOD FL 32779**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **HELMERS, JAMES L.**
STREET ADDRESS **104 ELDERBERRY LANE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

Date

907 869 4857

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # V06581
B0059775

July 2, 2001

Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

I received this notice of late filing today and I called your office as listed on the form. I advised the woman on the phone that I had not received the form earlier this year as usual. I have always previously filed on time. She looked up my record and verified this information and said that my form was returned to them earlier this year and she wasn't sure why that happened. She advised me to mail in the return with a \$150 check and a letter of explanation. I have had no address change or stop of mail delivery or vacation this year and also can't explain why the notice was returned but I feel that it was out of my control. I don't feel that I should be responsible for the error. Please let me know if you have any questions or need further information.

Sincerely,


James L. Helmers