

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90015 032 \*\*\*158.75

**DOCUMENT # 340484**

1. Entity Name  
**HEIDT & ASSOCIATES, INC.**

Principal Place of Business SWANN AVE TAMPA FL 33606	Mailing Address 2212 SWANN AVE TAMPA FL 33606-2426
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00020010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1226124</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired - <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>BAHLKE, WILLIAM</b> <b>825 OREGON AVE</b> <b>TAMPA FL 33606</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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: WILLIAM BAHLKE (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DILLION, ROBERT L</b>			NAME			
STREET ADDRESS	<b>2704 CHAMBRAY LN</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			CITY-ST-ZIP			
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDREWS, EDWARD A</b>			NAME			
STREET ADDRESS	<b>118 ASHBROOK DR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BRANDON FL</b>			CITY-ST-ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENRY, E. T.</b>			NAME			
STREET ADDRESS	<b>1013 GUI SANDO DE AVILA</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUCAS, JAMES B.</b>			NAME			
STREET ADDRESS	<b>7022 OAKVIEW CIR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROUTT, JOAN J. (ASS'T)</b>			NAME			
STREET ADDRESS	<b>17123 MOCKINGBIRD LN</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LUTZ FL</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAHLKE, WILLIAM P.</b>			NAME			
STREET ADDRESS	<b>825 S OREGON AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			CITY-ST-ZIP			

CR2E034 (9/99)

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: Robert L. Dillion **REQUIRED** Robert L. Dillion 2/1/00 (813) 253-5311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #