

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90481 017 ***150.00

DOCUMENT # 549249

1. Entity Name
HERITAGE MANAGEMENT CORP.



Principal Place of Business
**1320 SE 25TH LOOP
101
OCALA FL 32678**

Mailing Address
**P.O. BOX 2495
OCALA FL 32678**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2605 SW 33rd St

3. Mailing Address

Suite, Apt. #, etc.
Bldg #200

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State

Zip
34474

Country
Mexico

Zip
34478

Country

4. FEI Number **59-1771131**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKPATRICK, KENNETH B
1320 SE 25TH LOOP 101
OCALA FL 34478**

Name
Street Address (P.O. Box Number is Not Acceptable)
**2605 SW 33rd St
Bldg #200
City
Ocala, FL**

Zip Code
34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kirkpatrick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/03
Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** Delete
NAME **KIRKPATRICK, JOHN W**
STREET ADDRESS **2531 N.W. 41ST ST**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D.** Change Addition
NAME
STREET ADDRESS **2605 SW 33rd St**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **VSD** Delete
NAME **DAY, JAMES**
STREET ADDRESS **3245 NE 44TH PLACE**
CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **KIRKPATRICK, KENNETH B**
STREET ADDRESS **307 S E 21ST TERR**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T. O** Change Addition
NAME **Norbert J. Fante, Jr.**
STREET ADDRESS **3337 SE 15th St**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kirkpatrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 (352) 367-9881
Date Daytime Phone #

CR2E034 (10/02)