2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # K73077** 1. Entity Name CHARLES E. HEIM, JR., P.A. 04-30-2001 90419 044 ***150 00 Principal Place of Business Mailing Address 2040 HIGHWAY A-1-A SUITE #201 2040 HIGHWAY A-1-A SUITE #201 INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2894704 City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAITE, JILL Street Address (P.O. Box Number is Not Acceptable) 2040 HIGHWAY A-1-A SUITE #201 INDIAN HARBOUR BEACH FL 32937 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE HEIM, JR., CHARLES E. NAME 2040 HIGHWAY A-1-A #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP INDIAN HARBOUR BCH F Change TITLE ☐ Addition ☐ Delete TITLE NAME HEIM, JR., CHARLES E. NAME STREET ADDRESS 2040 HIGHWAY A-1-A #201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BCH,F Addition Change TITLE □ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 at the 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

23 AFR 2001

(34)773-967

☐ Change

Addition

Daytime Ph

CR2E034 (10/0