2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am } Secretary of State DOCUMENT # K73077 1. Entity Name 04-29-2002 90032 034 ***150 00 CHARLES E. HEIM, JR., P.A. 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 City & State 4. FEI Number 59-2894704 Not Applicable Zin 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 City 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. (NOTE: Registered Agent signature required when reinstating) 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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE **PST** ☐ Defete NAME NAME HEIM, JR., CHARLES E. STREET ADDRESS STREET ADDRESS 2040 HIGHWAY A-1-A #201 CITY_ST-ZIP INDIAN HARBOUR BCH F CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME HEIM, JR., CHARLES E. STREET ADDRESS STREET ADDRESS 2040 HIGHWAY A-1-A #201 CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BCH,F ____ Change Addition: Delete ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

FILED