2000 UNIFORM BUSINESS REPORT (UBR)

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

FILED **DOCUMENT # L60801** May 26, 2000 8:00 am Secretary of State 1. Entity Name HEART FAX, INC. 05-26-2000 90080 028 ***150.00 Principal Place of Business Mailing Address P.O. BOX 8329 1010 5TH AVENUE S. SUITE 300 NAPLES FL 34101-8329 NAPLES FL 34102 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0187587 Not Applicable Zip 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 Name DOONER, EUGENE C Street Address (P.O. Box Number is Not Acceptable) 1823 CRAYTON RD NAPLES FL 33940 City 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 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, 2000 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. Addition TITLE DST ☐ Delete TITLE Change DOONER, ANTON E NAME STREET ADDRESS STREET ADDRESS 330 15TH STREET SW CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34117 Change Addition ☐ Delete TITLE TITLE DOONER, EUGENE C NAME NAME STREET ADDRESS STREET ADDRESS 1823 CRAYTON RD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change Addition TITLE ☐ Delete TITLE TOBER, ROBERT B NAME NAME STREET ADDRESS STREET ADDRESS 2240 SOUTHWIND DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change ☐ Addition DVP ☐ Delete TITLE TITLE LONGBINE, DAVID L NAME NAME STREET ADDRESS STREET ADDRESS 6622 ILEX CIRCLE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Change Addition TITLE VPD ☐ Delete TITLE NAME DOONER, JOAN E NAME P.O. BOX 7369 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34101 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

. E. Done- 4/30/00 94643-