

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90087 006 ***150.00

DOCUMENT # L60801

1. Entity Name
HEART FAX, INC.

Principal Place of Business
**1010 5TH AVENUE S.
 SUITE 300
 NAPLES FL 34102
 US**

Mailing Address
**P.O. BOX 8329
 NAPLES FL 34101
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0187587**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**DOONER, EUGENE C
 1823 CRAYTON RD-
 NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)
5386 Sycamore Drive

City

FL Zip Code
34116

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Delete
NAME	DOONER, ANTON E	
STREET ADDRESS	330 15TH STREET SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	DOONER, EUGENE C	
STREET ADDRESS	1823 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TOBER, ROBERT B	
STREET ADDRESS	2240 SOUTHWIND DRIVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	Longbine, David L	
STREET ADDRESS	6622 ILEX CIRCLE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOONER, JOAN E	
STREET ADDRESS	P.O. BOX 7369-	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5386 Sycamore Drive	
CITY-ST-ZIP	34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	169 Governor Grant Blvd.	
CITY-ST-ZIP	Lexington, S.C. 29072	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6815 Gladys Street	
CITY-ST-ZIP	Otter Rock, OR 97369	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anton E. Dooner

941-643-7007

Date Daytime Phone #

CR2E034 (10/00)