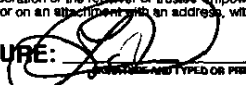


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086543			
1. Entity Name HERITAGE FUNDING GROUP, INC.			
Principal Place of Business 195 COQUINA COURT ORMOND BEACH, FL 32176		Mailing Address 195 COQUINA COURT ORMOND BEACH, FL 32176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3604877		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL FRIEBIS & ASSOCIATES 3990 TURTLECREEK DRIVE PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name LAURENCE FORD Street Address (P.O. Box Number is Not Acceptable) 195 COQUINA CT City ORMOND BEACH FL Zip Code 32176	
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 the registered agent. SIGNATURE  LAURENCE FORD DATE 4/28/03 (NOTE: Registered Agent signature required when instituting)			
FILE NOW WITH FEE OF \$150.00 May 15, 2003 Fee will be \$250.00 Name 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 NAME STREET ADDRESS CITY-ST-ZIP	D BRETZEL, MICHAEL R 195 COQUINA COURT ORMOND BEACH, FL 32176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, LAWRENCE D 195 COQUINA COURT ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 registered agent empowered to execute this report as required by Chapter 507, 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:  LAURENCE FORD		DATE 4/28/03 386 672-2224 Daytime Phone #	

70052015



CHECK HERE IF MAKING CHANGES

CR2034 (10/02)