

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 032 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 340484

1. Entity Name

HEIDT & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

SWANN AVE
 TAMPA FL 33606

2212 SWANN AVE
 TAMPA FL 33606-2426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1226124

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

Name

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

City

FL

Zip Code

BAHLKE, WILLIAM
825 OREGON AVE
TAMPA FL 33606

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	DILLION, ROBERT L	
STREET ADDRESS	2704 CHAMBRAY LN	
CITY-ST-ZIP	TAMPA FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ANDREWS, EDWARD A	
STREET ADDRESS	118 ASHBROOK DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENRY, E. T.	
STREET ADDRESS	1013 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCAS, JAMES B.	
STREET ADDRESS	7022 OAKVIEW CIR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROUTT, JOAN J. (ASS'T)	
STREET ADDRESS	17123 MOCKINGBIRD LN	
CITY-ST-ZIP	LUTZ FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAHLKE, WILLIAM P.	
STREET ADDRESS	825 S OREGON AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

Robert L. Dillion **REQUIRED** *Robert L. Dillion* 2/1/00 (813) 253-5311

CR2E034 (9/99)