

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047725

1. Entity Name

440 HEINBERG, INC.

Principal Place of Business

17 W CEDAR STREET STE 3
PENSACOLA FL 32501

Mailing Address

17 W CEDAR STREET STE 3
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Post Office Box 12725

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State
Pensacola, FL

Zip

Country

Zip

Country

32575

US

4. FEI Number

59-3648697

Applied for

Not Applied for

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, JOHN S
17 W CEDAR STREET STE 3
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

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 filer if applicable)

(NOTE: Registered Agent's 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, 2001 Fee will be \$650.00
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

TITLE	D	☐ Delete
NAME	CARR, JOHN S	
STREET ADDRESS	17 W CEDAR STREET STE 3	
CITY-STATE-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ Delete
NAME	MORETTE, RICHARD P	
STREET ADDRESS	17 W CEDAR STREET STE 3	
CITY-STATE-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ Delete
NAME	NICKELSEN, ERIC J	
STREET ADDRESS	17 W CEDAR STREET STE 3	
CITY-STATE-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ Delete
NAME	CHADBOURNE, EDWARD M JR	
STREET ADDRESS	17 W CEDAR STREET STE 3	
CITY-STATE-ZIP	PENSACOLA FL 32501	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

John S Carr

John S. Carr

4/18/01 (850)434-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Directed Signature

CR2E034 (10/00)

0031497

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90386 019 ***150.00



DO NOT WRITE IN THIS SPACE