

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516446

1. Entity Name

HEAVENER INVESTMENT SERVICES, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90051 025 ***150.00

951753



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8761 PERIMETER PARK BLVD
SUITE 105
JACKSONVILLE FL 32216
US

8761 PERIMETER PARK BLVD
SUITE 105
JACKSONVILLE FL 32216-6397
US

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 59-1783755

Applied For

Not Applicable

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

HEAVENER, JR, MAC D
8761 PERIMETER PARK BLVD.
SUITE 105
JACKSONVILLE FL 32216

Name

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

City

FL

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAC D. HEAVENER JR. 5446 RIVER TRAIL RD N JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEAVENER, ANN 5446 RIVER TRAIL RD N JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAVENER, MICHAEL D 5446 RIVER TRAIL ROAD, NORTH JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

MAC D. HEAVENER JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(904) 646-4900

Daytime Phone #